

2016

DeSoto County Florida Community Health Assessment



Prepared by:

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Introduction

In an effort to improve the health of the residents of DeSoto County, a collaborative partnership was formed between the Florida Department of Health in DeSoto County, DeSoto Memorial Hospital, MCR Health and the Health Planning Council of Southwest Florida, Inc. (HPC) for the purpose of conducting a needs assessment for use by the partner agencies and other members of the community.

The group of partner agencies held monthly meetings for the duration of the project to aid in the creation and implementation of this needs assessment. The partners identified a list of community leaders from private businesses, government, social service agencies and faith-based organizations who could help speak about some of the issues that are impacting the health of the people of DeSoto County. The partners also helped to design and distribute a community survey to allow for the inclusion of the direct voice of community members in this assessment.

HPC reviewed numerous data sources and received feedback from the partner agencies as well as from members of the community through surveys and interviews. The DeSoto Community Health Assessment Team reviewed the preliminary data that was collected, and provided feedback to the Health Planning Council.

This needs assessment consists of demographic, socioeconomic and health status information that will be used to identify areas where targeted interventions and policy changes may have the greatest impact. Once community needs are identified through quantitative data analysis of demographic, socioeconomic and health status information, and qualitative interviews, the strategic planning process can begin.

Community Health Status

Demographic and Socioeconomic Characteristics

The demographic, social and economic characteristics of a community can strongly influence the community's health status and related service needs. These indicators should be a primary consideration when designing and developing any system of care within the region. This section provides a brief overview of some of the characteristics and trends that make DeSoto County unique in comparison to the state of Florida.

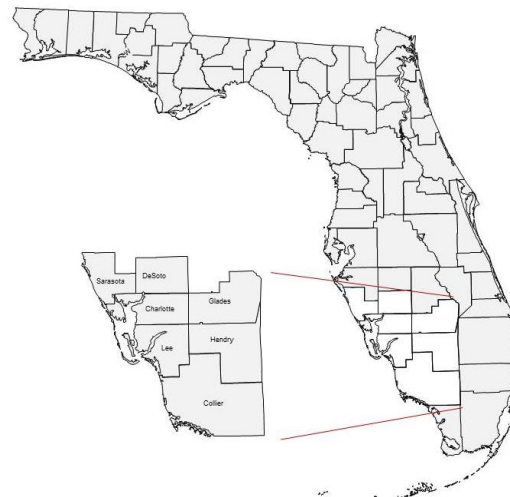
Population Demographics

The sheer number of people in a community is the leading determinant of the demand for healthcare services. DeSoto County, which has a population of just fewer than 35,000, is located in southwest Florida (Fig. 1). The county is adjacent to the following counties: Hardee and Manatee to the north; Sarasota to the west; Highlands to the east; Glades to the southeast; and Charlotte to the south. As seen in Figure 2, DeSoto is one of seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). Arcadia is the county seat, with a population just over 7,700, and also the only incorporated area in DeSoto County. Unincorporated communities include Brownville, Fort Ogden, Hull, Lake Suzy, Nocatee, Pine Level, and Southeast Arcadia. DeSoto County is 639.5 square miles in area. The county has a far lower population density than the Florida average; about 55 persons per square mile compared to a state average of 357 persons per square mile.

Figure 1:



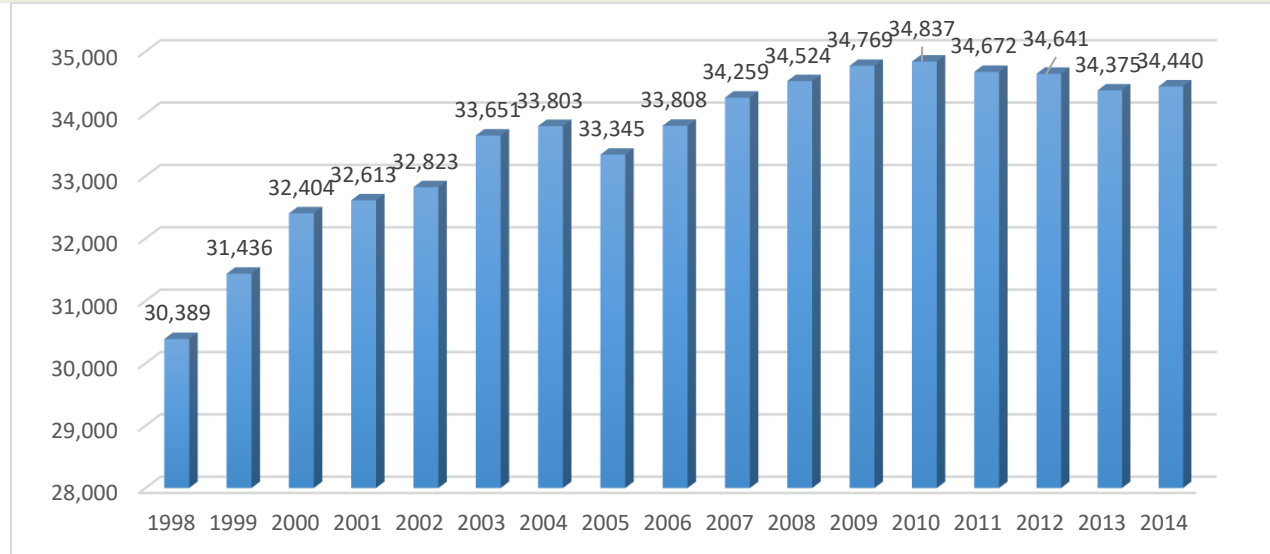
Figure 2:



Population Growth

The illustration below (Chart 1) represents the total population of DeSoto County from 1998-2014. The estimate for 2014 places the population of DeSoto County as 34,440. This represents a 13 percent increase since 1998. However, growth seems to have leveled off in recent years and the population has actually decreased slightly since a high point of 34,837 in 2010.

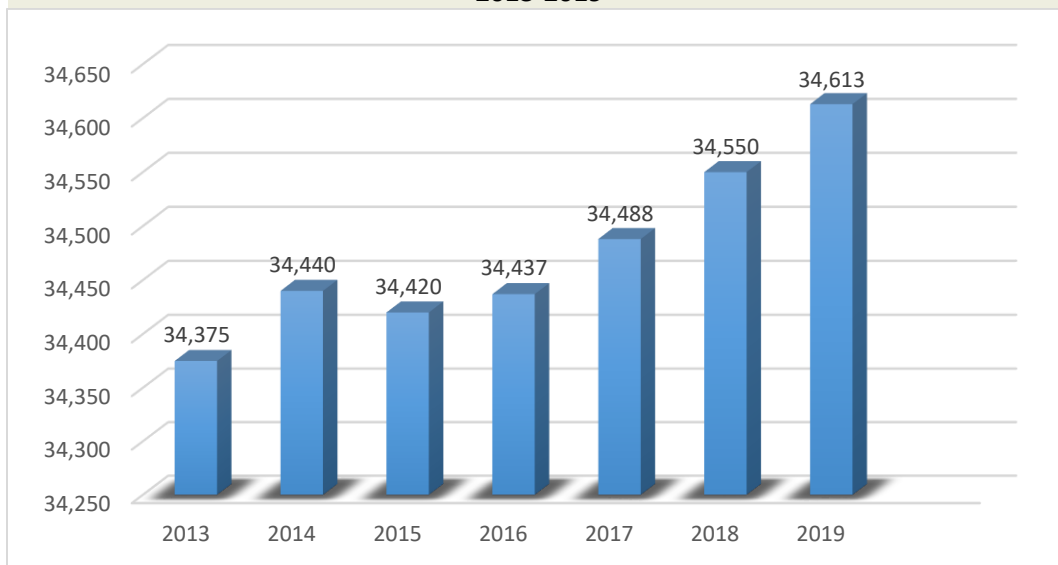
**Chart 1: Total Population DeSoto County
1998-2014**



Source: The Florida Legislature, Office of Economic and Demographic Research

Population growth in a community is the result of natural increase (more births than deaths) and also the migration of people moving into the area at a higher rate than those who are leaving. According to the Office of Economic and Demographic Research, the population of DeSoto County is expected to grow slightly in the coming years.

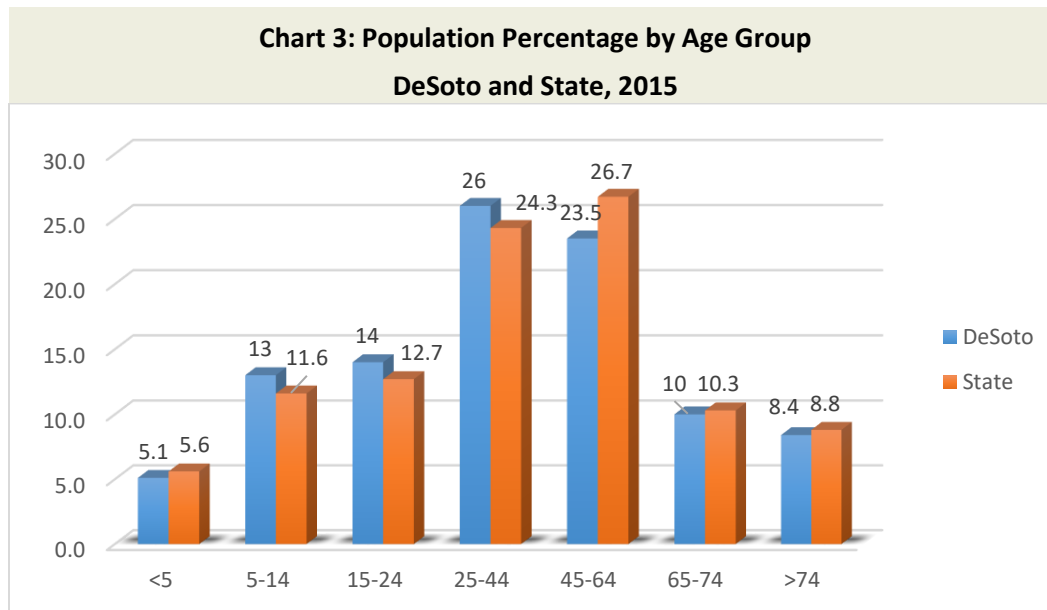
**Chart 2: Estimated Population DeSoto County
2013-2019**



Source: The Florida Legislature, Office of Economic and Demographic Research

Age

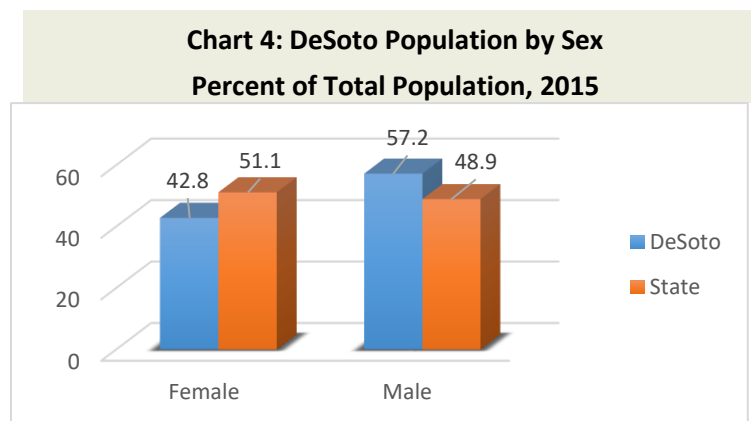
The median age for residents of DeSoto County (39.2) is a little younger than the median age of residents of Florida (41.2). The age distribution for DeSoto County is fairly similar to the distribution for the state as a whole although it skews a little younger. Approximately 32 percent of the population in DeSoto is under the age of 25 and approximately 18 percent are 65 or older.



Source: The Florida Legislature, Office of Economic and Demographic Research

Gender

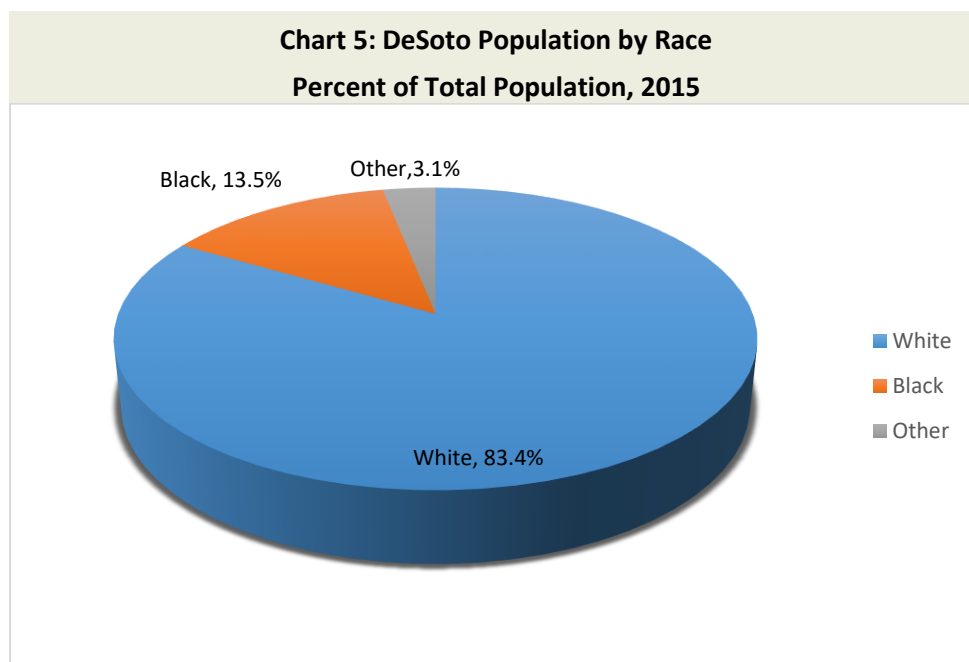
There are quite a few more men than women in DeSoto County. 57.2 percent of the residents of DeSoto County are male while 42.8 percent are female; statewide the percentages are approximately 51 percent female and 49 percent male. Nationwide females outnumber males, but it is not uncommon for men to outnumber women in rural areas.



Source: The Florida Legislature, Office of Economic and Demographic Research

Race and Ethnicity

16.6 percent of the population of DeSoto County is non-white compared to a statewide population comprised of 21.5 percent non-whites. Approximately 3.1 percent of the population is listed as “Other non-white”. This category includes American Indian, Alaskan Native, Asian, Native Hawaiian and other Pacific Islanders, and those of mixed race who chose not to select white or black.



Source: The Florida Legislature, Office of Economic and Demographic Research

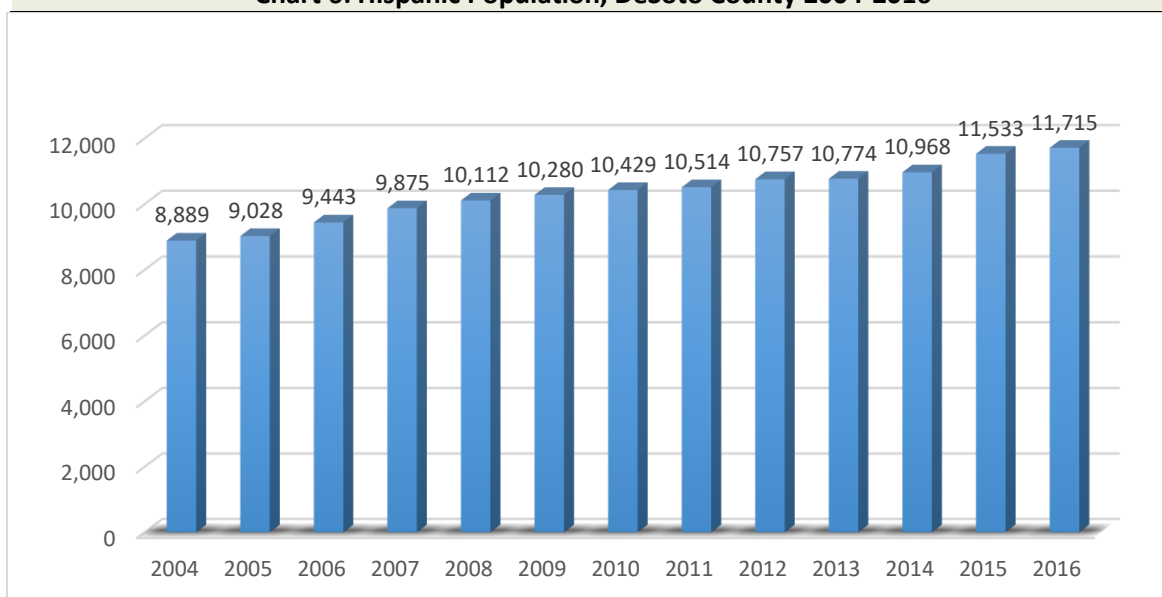
Ethnicity in Florida is broken out separately from race. For ethnicity, a person must designate themselves as Hispanic or Non-Hispanic; people in both of those groups can identify as white, black or other non-white. About 33.5 percent of the residents of DeSoto County identify as Hispanic; this is higher than the state average of 24.4 percent.

Table 1: Race and Ethnicity, 2015					
DeSoto			State		
	Hispanic	Non-Hispanic		Hispanic	Non-Hispanic
White	31.0%	52.3%	White	22.4%	55.6%
Black	0.9%	12.6%	Black	1.2%	15.6%
Other	1.6%	1.6%	Other	0.8%	4.4%
Total	33.5%	66.5%	Total	24.4%	75.6%

Source: The Florida Legislature, Office of Economic and Demographic Research

The Hispanic population in DeSoto County increased by about 32 percent from 2004-2016. That is significantly higher growth than the growth in the overall population in the county.

Chart 6: Hispanic Population, DeSoto County 2004-2016



Socioeconomic Indicators

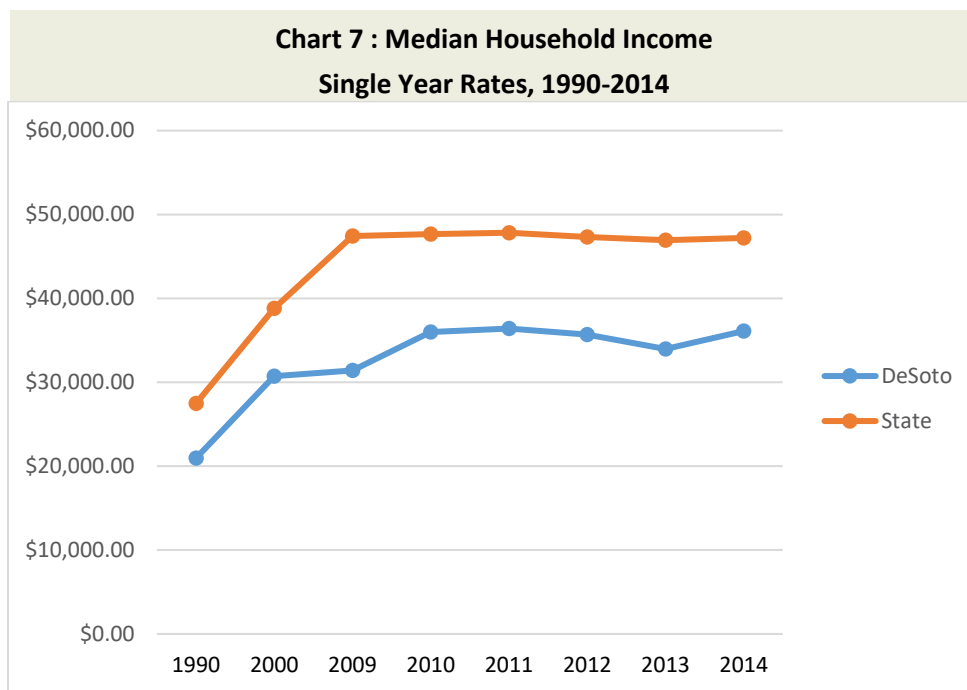
The figures shown below (Table 2) summarize some of the primary indicators of economic health for the county and state. The economic downturn hit DeSoto County hard. The unemployment rate jumped from 4.4 percent in 2000 to 9.9 percent in 2011; it fell back to 6.7% in 2014. The average annual wage has also improved; it rose from \$31,936 in 2011 to \$34,459 in 2015. The percent of people living below the poverty level in DeSoto County significantly higher than the state rate (30.5 percent county vs. 16.7 percent state). In fact, as of the 2010 Census, DeSoto County was listed as the poorest county in the entire state. Children are particularly impacted; more than four out of ten children in the county are living in poverty. The per capita income of the residents of DeSoto County rose 35 percent between 2000 and 2010; however that income still lags significantly behind the average for the state.

**Table 2: Socioeconomic Indicators
DeSoto County and State**

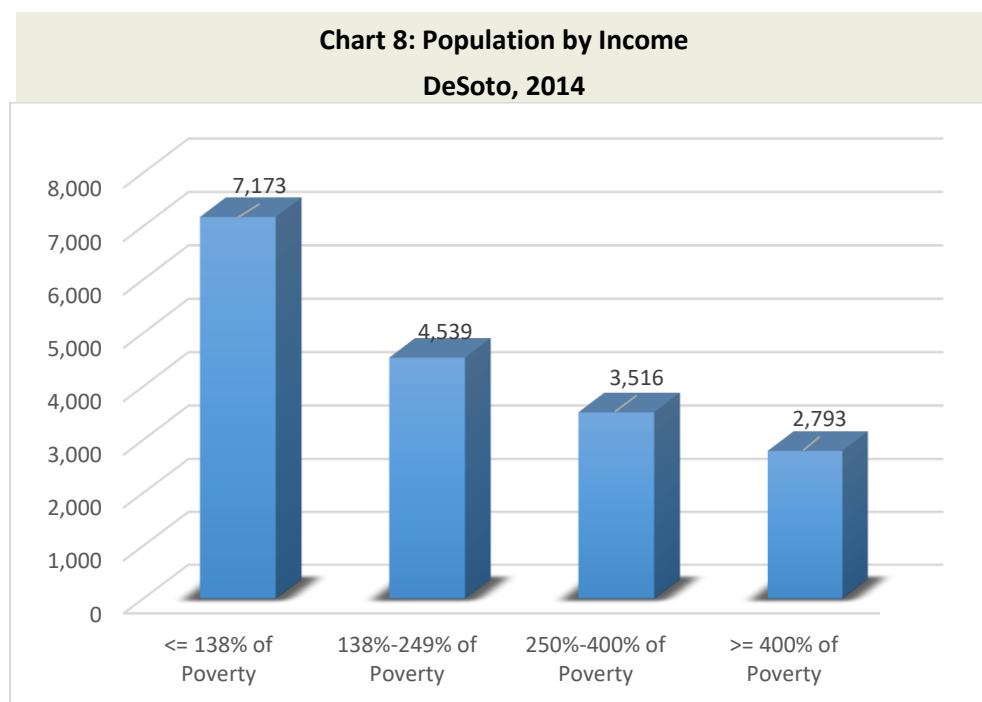
	County 2011	County 2014	State 2014
Labor Force as a % of Pop. Aged 18+	56.5%	40.3%	49.2%
Personal Bankruptcy Filing Rate per 1,000	1.77	1.10	3.39
Unemployment Rate	9.9%	6.7%	6.1%
Average Annual Wage	\$31,936	\$34,459*	\$46,245*
Per Capita Personal Income	\$22,957	\$21,696	\$42,737
% Living Below Poverty Level	32.9%	30.5%	16.7%
% ages 0-17 living below Poverty	40.1%	43.7%	24.1%

Source: The Florida Legislature, Office of Economic and Demographic Research *2015

The median household income for DeSoto County has risen seventy-two percent since 1990. The median was fairly flat from 2000 through 2009, and then there was a rise followed by a dip likely attributed to the economic downturn. The median income rose again between 2013 and 2014.



In 2016, The Federal Poverty Level for an individual is \$11,770 and for a family of four it is \$24,250. 84.5 percent of the population of DeSoto County was below 400 percent of the Federal Poverty Level in 2014. 40 percent of the population was below 138 percent of the Federal Poverty Level.



Source: The Census Bureau's Small Area Health Insurance Estimates (SAHIE)

Fewer residents of DeSoto County have received a high school diploma than the state average. However, the percentage of adults over 25 in DeSoto County with no high school diploma has decreased. It was 45.5 percent in 1990, 36.5 percent in 2010 and 29.4 percent in 2014. A higher percentage of people at the state level who are aged 25 and older have received a Bachelor's degree than the percentage of residents of DeSoto County who have done the same.

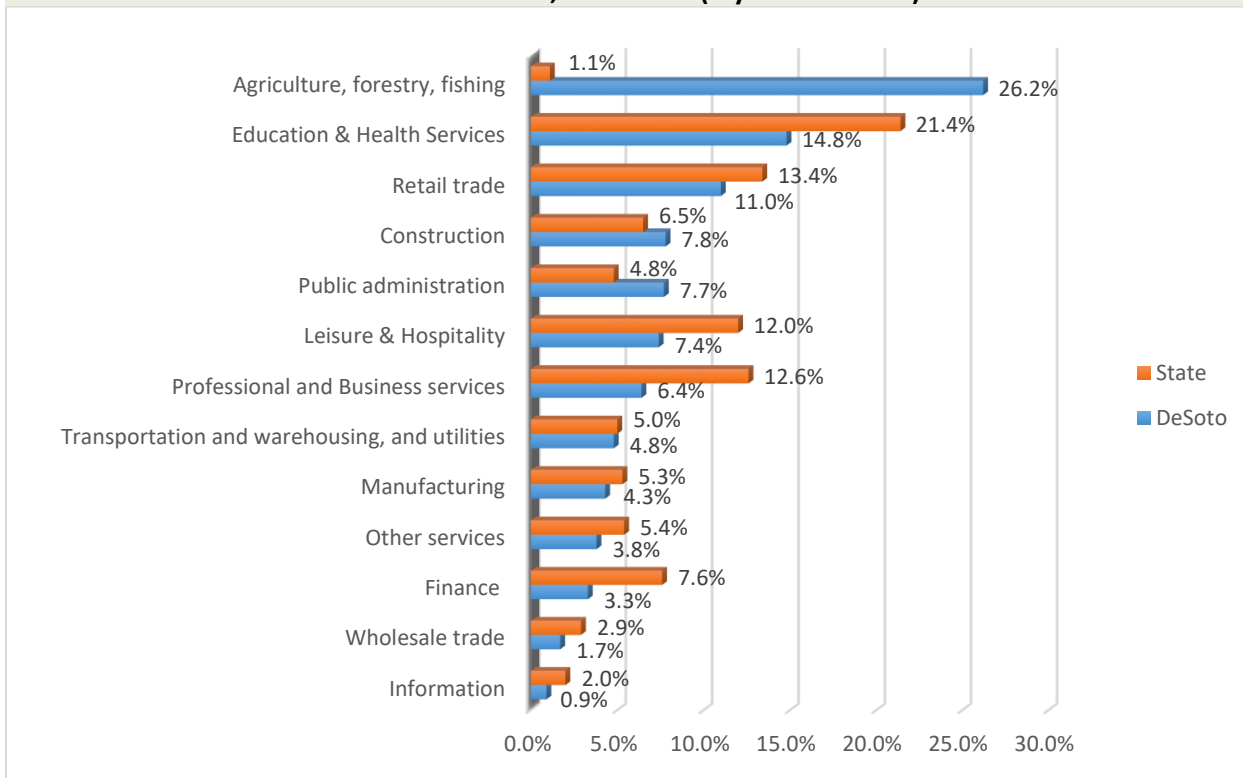
Table 3: Educational Attainment
Persons aged 25 and older, DeSoto and State

	DeSoto 2008-2012	DeSoto 2009-2013	DeSoto 2010-2014	State 2010-2014
% High School graduate or higher	71.5%	71.3%	70.6%	86.5%
% Bachelor's degree or higher	10.8%	10.6%	9.9%	26.8%

Source: The Florida Legislature, Office of Economic and Demographic Research

As seen in Chart 9, among working adults in DeSoto County the most common non-agricultural sectors of employment are: education and health services, retail trade, construction and public administration. The agriculture, forestry, fishing and mining category is by far the largest sector of employment for DeSoto County.

Chart 9: Average Employment by Category
DeSoto and State, 2010-2014 (3-year estimates)



Source: U.S. Census Bureau, 2010-2014 American Community Survey

Health Status

Health Ranking

County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, has DeSoto County currently ranked the 35th healthiest out of 67 counties in Florida for Health Outcomes, and 61th healthiest for Health Factors. These rankings are based on a variety of factors that affect the health of the county’s residents such as unemployment, levels of physical inactivity, and rates of smoking, obesity, and children living in poverty. A detailed breakdown of the ranking and definitions are available in **Appendix E & F**.

Leading Causes of Death

Mortality rates can be key indicators of the state of health of a community. A significant number of DeSoto County’s deaths are premature and preventable. Behavior modification and risk reduction can reduce the mortality rates of many of the leading causes of death, especially those attributed to heart disease, stroke, diabetes, lung cancer and motor vehicle accidents. Individuals may improve both the length and the quality of their lives by following a healthy lifestyle and receiving regular medical care.

Table 4 gives detailed information on the leading causes of death for residents of DeSoto County in 2015. The Deaths column is a simple count of the number of people who died by the listed cause during 2015. Percent of Total Deaths lets you know what percent of the people who died in 2015 died from that cause. Crude Rate per 100,000 gives a sense of how likely a person is to die of that cause in any given year. For example, out of every 100,000 people in DeSoto County, 55.2 of them died of a stroke in 2011. Since there are fewer than 100,000 people in DeSoto County the rates per 100,000 are higher than the actual number of people who died. Using the rate per 100,000 allows comparison between areas with different populations such as comparing a small county to a large county or a county to the state.

The next column lists the Age-Adjusted Death Rate per 100,000. Age-adjusting a rate is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population merely because the elderly are more likely to die or be hospitalized. The same distortion can happen when we compare races, genders, or time periods. Age adjustment can make the different groups more comparable.

The 3-Year Age-Adjusted Death Rate per 100,000 gives an average of the three years ending in 2015 (2013, 2014 and 2015). A small increase or decrease in the number of deaths in a given year can make a big difference in the rate so averages are used to flatten out large fluctuations. The last column is Years of Potential Life Lost. This is an estimate of the number of years a person would have lived had they not died prematurely. In this case that number is given for all people who died under the age of 75 assuming that they would have lived to the age of 75. When the numbers are particularly low, such as they are for Alzheimer’s disease, it is generally because that cause of death largely impacts the elderly. Conversely, a particularly high number, such as for unintentional injuries, suggests that the average age of the victims was fairly young.

Table 4: Major Causes of Death For 2015

DeSoto County						
Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
ALL CAUSES	343	100	996.5	763.8	678.3	8,214.20
CANCER	94	27.4	273.1	206.2	156.5	1,912.00
HEART DISEASE	72	21	209.2	154.7	156.6	1,017.90
CHRONIC LOWER RESPIRATORY DISEASE	21	6.1	61	42.6	38	177.6
STROKE	19	5.5	55.2	39.5	27.2	158.5
UNINTENTIONAL INJURY	17	5	49.4	52.6	40	1,812.20
DIABETES	12	3.5	34.9	24.6	28.8	117.3
CHRONIC LIVER DISEASE AND CIRRHOSIS	7	2	20.3	17.9	16.6	377.3
SUICIDE	7	2	20.3	18.2	16.5	462.9
SEPTICEMIA	6	1.7	17.4	14.5	9	136.3
INFLUENZA AND PNEUMONIA	5	1.5	14.5	11.2	13.8	133.2
ALZHEIMER'S DISEASE	5	1.5	14.5	10.3	7.8	9.5
KIDNEY DISEASE	4	1.2	11.6	8.4	16.7	92
PARKINSON'S DISEASE	4	1.2	11.6	7.9	6.1	28.5
HYPERTENSION	3	0.9	8.7	6.1	7.4	22.2
CONGENITAL MALFORMATIONS	2	0.6	5.8	7.5	2.5	472.5
BENIGN NEOPLASM	1	0.3	2.9	2.1	1.4	0
PNEUMONITIS	1	0.3	2.9	2.1	2.1	0
AORTIC ANEURYSM & DISSECTION	1	0.3	2.9	2.1	2.1	0
PERINATAL PERIOD CONDITIONS	1	0.3	2.9	3.8	5	236.2

Source: Florida Department of Health, Office of Health Statistics and Assessment
Age-adjusted death rates are computed using the year 2010 standard population.
YPLL = Years of Potential Life Lost

The most frequent causes of death for people in DeSoto County are heart disease and cancer. Together they accounted for almost half of the deaths in 2015. Table 5, which compares the 3-year age-adjusted rates for DeSoto County with those for all of Florida, shows that the death rates for diabetes are significantly higher than the state average.

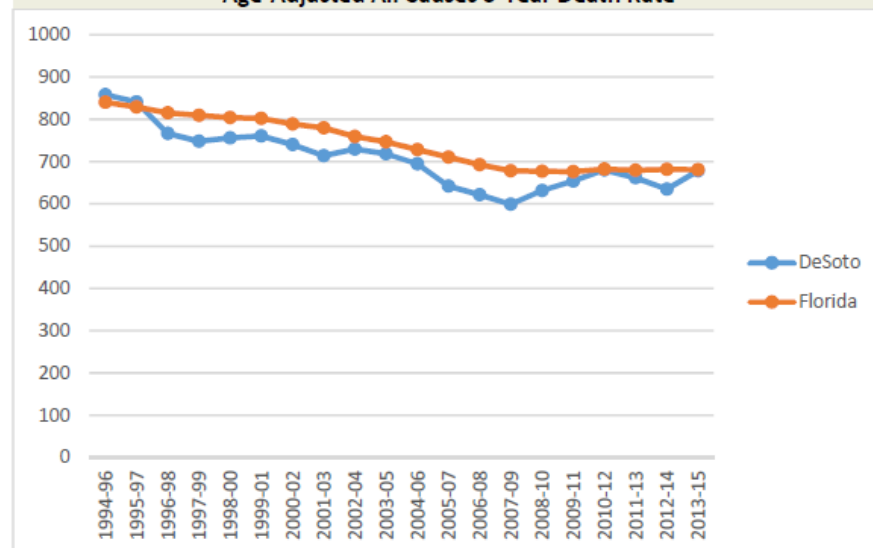
**Table 5: Major Causes of Death For 2015
DeSoto and State**

Cause of Death	County 2012-2015	Florida 2012-2015
	Age Adjusted Rate/100,000	Age Adjusted Rate/100,000
ALL CAUSES	678.3	680.8
HEART DISEASE	156.6	153.6
CANCER	156.5	156.1
UNINTENTIONAL INJURY	40	42.1
CHRONIC LOWER RESPIRATORY DISEASE	38	39.9
DIABETES	28.8	19.5
STROKE	27.2	34.5
CHRONIC LIVER DISEASE AND CIRRHOSIS	16.6	11.6
SUICIDE	16.5	14.1
INFLUENZA AND PNEUMONIA	13.8	9.5
SEPTICEMIA	9	8
ALZHEIMER'S DISEASE	7.8	19.8

Source: Florida Department of Health, Office of Health Statistics and Assessment
Age-adjusted death rates are computed using the year 2010 standard population.

The death rate for DeSoto County is fairly consistent with the state average (Chart 9) although more variable. Both rates have decreased some over the last twenty years. The rate for DeSoto County for 2013-2015 is very similar to the state rate.

**Chart 9: DeSoto Death Rate over 20 Years Compared to State
Age-Adjusted All Causes 3-Year Death Rate**



Source: Florida Department of Health, Bureau of Vital Statistics
Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).
Age-adjusted death rates are computed using the year 2000 standard population.

Table 6 lists the cause of death noted for all deaths in DeSoto County from 2006-2015. The number of deaths has fluctuated within a fairly narrow range during this period, rising a bit in 2010 and then by larger amount in 2015. It is too soon to know if that is a one-year rise like in 2010 or a sign of a coming trend.

Table 6: Deaths From All Causes
All Races, All Sexes, All Ethnicities, All Ages
DeSoto County

Cause of Death	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
All Causes	277	254	274	271	311	299	275	297	274	343
Infectious Diseases	5	3	4	4	8	16	9	9	4	6
...Certain other Intestinal Infections	0	0	0	1	2	4	0	2	0	3
...Human Immunodeficiency Virus (HIV) Disease	2	2	1	2	2	3	3	0	1	1
...Other & Unspecified Infectious/Parasitic Disease & Sequelae	1	0	0	0	0	1	0	0	0	0
...Respiratory Tuberculosis	0	0	0	0	0	0				
...Septicemia	0	1	1	1	4	4	5	4	2	6
...Viral Hepatitis	2	0	2	0	0	4	2	1	1	1
Malignant Neoplasm (Cancer)	63	48	66	82	83	68	69	62	58	94
...All Other & Unspecified - Cancer	8	8	7	9	3	7	12	6	6	10
...Bladder Cancer	1	1	3	4	2	3	1	3	2	3
...Breast Cancer	5	0	8	6	7	1	4	2	3	4
...Cervical Cancer	0	0	2	2	1	0	0	0	0	0
...Colon, Rectum, & Anus Cancer	4	3	2	6	11	7	8	10	6	12
...Corpus Uteri & Uterus, Part Unspec Cancer	0	0	0	0	3	2	2	1	0	3
...Esophagus Cancer	5	1	0	1	3	2	0	2	1	0
...Kidney and Renal Pelvis Cancer	1	2	4	2	5	2	1	1	2	0
...Larynx Cancer	1	0	0	0	0	0	0	0	0	1
...Leukemia	0	2	2	3	3	1	4	0	6	5
...Lip, Oral Cavity, Pharynx	0	0	2	0	1	0	1	0	0	0
...Liver & Intrahepatic Bile Ducts Cancer	1	1	1	2	2	1	2	1	9	6
...Meninges, Brain, & Other Part Cen Nerv Sys Cancer	0	0	1	3	2	0	1	1	3	0
...Multiple Myeloma & Immunoprolifera Neoplas	1	1	2	0	2	0	3	0	0	2
...Non-Hodgkins Lymphoma	0	2	3	2	1	4	2	0	2	3
...Ovarian Cancer	3	0	0	3	0	0	2	0	0	3
...Pancreatic Cancer	7	1	6	5	6	5	5	4	4	5
...Prostate Cancer	6	3	2	3	5	7	2	5	4	2
...Skin Cancer	0	0	2	1	1	2	1	3	2	3
...Stomach Cancer	1	1	1	1	0	0	2	0	1	1
Cause of Death	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015

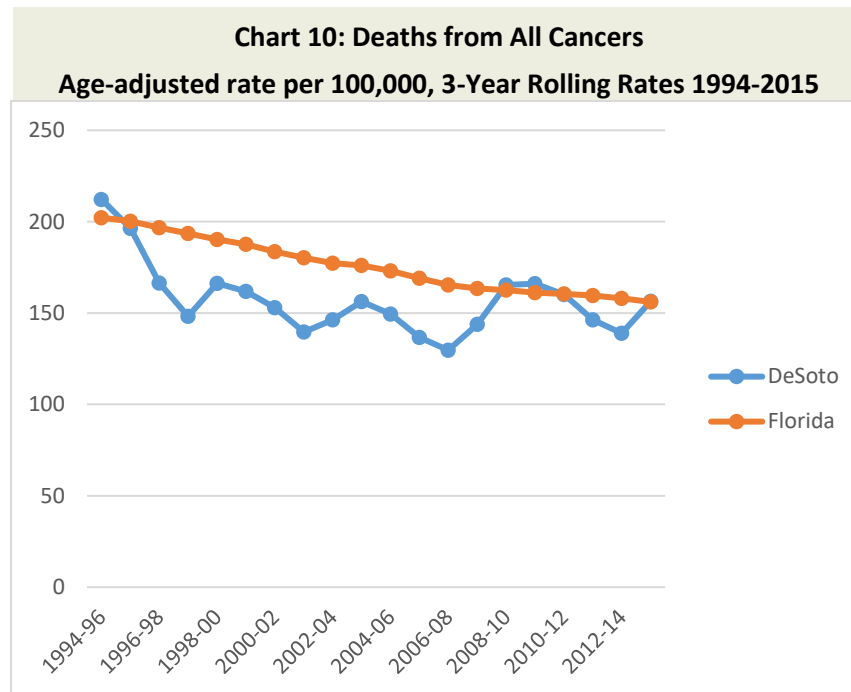
...Trachea, Bronchus, Lung Cancer	17	22	18	28	24	24	16	15	17	29
In Situ, Benign, Uncert/Unk Behavior Neoplasms	2	0	1	6	2	1	1	1	1	1
Anemias	1	0	0	1	1	1	0	0	3	1
Nutritional and Metabolic Diseases	11	13	9	13	12	8	6	17	10	12
...Diabetes Mellitus	10	13	9	13	12	8	6	17	10	12
Nervous System Diseases	2	7	6	4	5	1	5	3	8	9
...Alzheimer's Disease	1	5	3	0	4	1	4	2	5	3
...Meningitis	0	0	0	0	0	0				
...Parkinson's Disease	1	2	3	4	1	0	2	3	1	0
Cardiovascular Diseases	91	88	89	62	104	109	82	93	85	99
...Acute Myocardial Infarction	12	10	13	10	15	14	11	14	4	7
...Acute Rheum Fever & Chronic Rheum Heart Dis.	0	0	1	0	0	0	1	0	0	0
...All Other Chronic Ischemic Heart Dis.	50	31	41	25	43	42	28	37	31	37
...Aortic Aneurysm & Dissection	3	1	0	0	0	1	0	2	0	3
...Atherosclerosis	1	1	4	1	0	2	0	1	1	0
...Atherosclerotic Cardiovascular Disease	6	8	5	4	2	4	8	5	5	6
...Cerebrovascular Diseases	8	8	11	10	18	18	14	8	12	19
...Essen Hypertension & Hypertensive Renal Dis.	0	5	2	3	3	2	3	5	3	1
...Heart Failure	1	4	1	1	5	7	3	7	12	5
...Hypertensive Heart & Renal Disease	0	0	0	0	2	0	0	1	0	0
...Hypertensive Heart Disease	2	8	2	2	1	4	2	2	1	2
...Other Arteries, Arterioles, Capillaries	1	1	0	0	2	0	1	1	1	1
...Other Forms Heart Dis.	7	10	9	5	10	15	9	14	13	15
...Other Circulatory System Disorders	0	1	0	0	2	0	0	1	0	0
Respiratory Diseases	21	23	27	39	24	33	32	35	27	31
...Asthma	0	1	0	0	0	0	1	0	0	0
...Emphysema	1	1	0	1	1	1	0	0	1	0
...Other Chronic Lower Respiratory Diseases	12	13	20	24	19	26	21	22	12	21
...Influenza	0	0	0	2	0	0	0	0	0	1
...Pneumonia	3	3	5	8	2	2	6	9	5	4
...Other Respiratory System Dis.	1	2	2	4	2	3	4	3	9	4
...Pneumonitis Due To Solids & Liquids	4	3	0	0	0	1	1	1	1	1
Digestive Diseases	10	7	7	7	4	4	8	9	5	7
...Cholelithiasis & Other Gallbladder Disorders	0	0	0	0	1	0	1	0	0	0
...Alcoholic Liver Disease	2	2	1	2	1	2				
Cause of Death	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015

...Other Chronic Liver Disease & Cirrhosis	6	5	6	5	2	2	7	8	5	7
Urinary Tract Diseases	3	2	3	7	10	9	5	13	7	4
...Glomerulonephritis, Nephri/Nephro, Renal Sclerosis	0	0	0	0	0	0	0	1	0	0
...Renal Failure	3	2	3	7	10	9	5	12	7	4
Perinatal Period Conditions	2	0	2	1	0	0	0	0	3	1
Congenital & Chromosomal Anomalies	2	2	0	1	2	1	0	1	0	0
Symptoms, Signs & Abnormal Findings	2	7	1	1	3	2	2	1	9	6
Other Causes (Residual)	25	27	31	23	33	28	24	34	34	47
External Causes	35	27	28	20	19	18	28	18	22	23
...Drowning & Submersion	1	0	2	1	2	0				
...Falls	4	3	6	3	1	4	5	2	3	3
...Homicide by Firearms Discharge	0	1	2	1	1	0	0	0	1	1
...Homicide By Other & Unspecified Means & Sequelae	1	1	0	0	0	1	0	1	1	1
...Medical & Surgical Care Complications	0	0	0	0	0	0	0	0	0	0
...Motor Vehicle Crashes	18	12	10	4	8	5	9	4	4	7
...Other & Unspecified Nontransport & Sequelae	2	1	2	0	1	1	2	0	1	0
...Poisoning & Noxious Substance Exposure	4	1	1	3	0	1	1	3	4	3
...Smoke, Fire, Flames Exposure	0	0	0	1	0	0	1	0	0	0
...Suicide By Firearms Discharge	3	4	4	4	5	2	3	4	5	3
...Suicide By Other & Unspecified Means & Sequelae	2	3	1	3	1	3	2	4	2	2
...Water/Air/Space/Oth-Unsp Transport & seq	0	1	0	0	0	0	1	0	0	0
Maternal Deaths	0	0	0	0	1	0				

Source: Florida Department of Health, Office of Vital Statistics

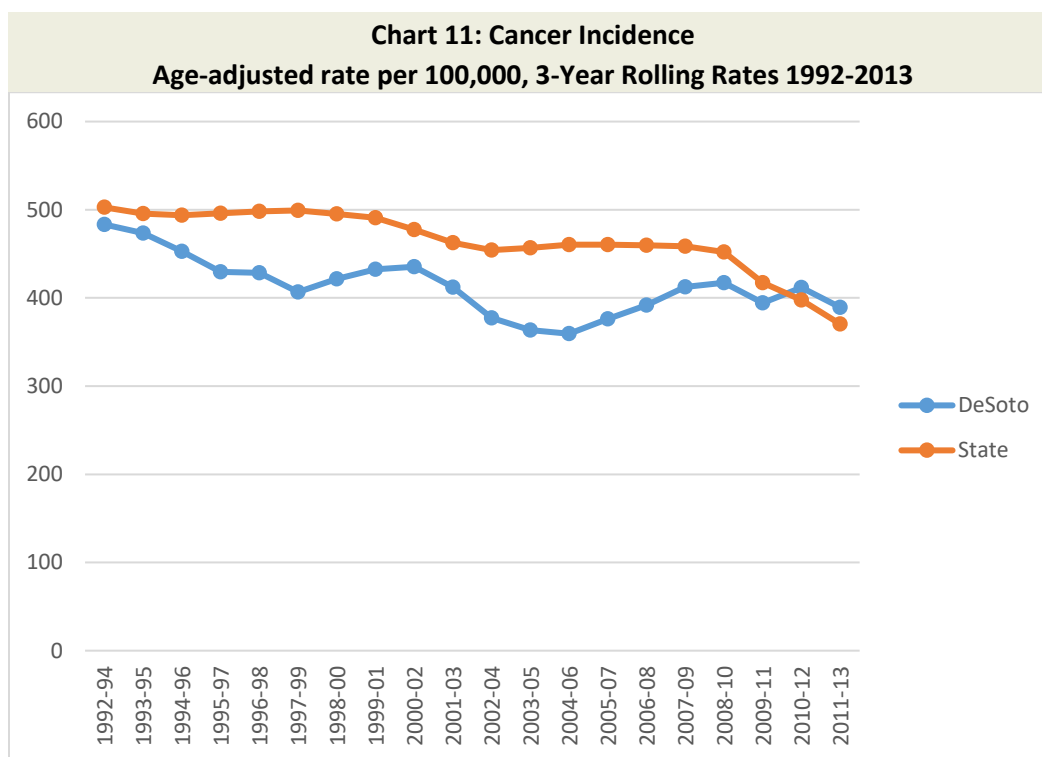
Chronic Diseases

Cancer was the leading cause of death in DeSoto County in 2015. Age-adjusted death rates from cancer have been variable across the years; the county has seen periods slightly above the state rate and periods significantly below the state rate. Rates for DeSoto County are currently similar to the rate for the state as a whole.



Source: Florida Department of Health, Bureau of Vital Statistics

Cancer incidence in DeSoto County had been consistently below the state average. After a sharp decline in the state average, the rate for DeSoto is now slightly above the state rate although it is significantly lower than it was twenty years ago.



Source: Florida Department of Health, Bureau of Vital Statistics

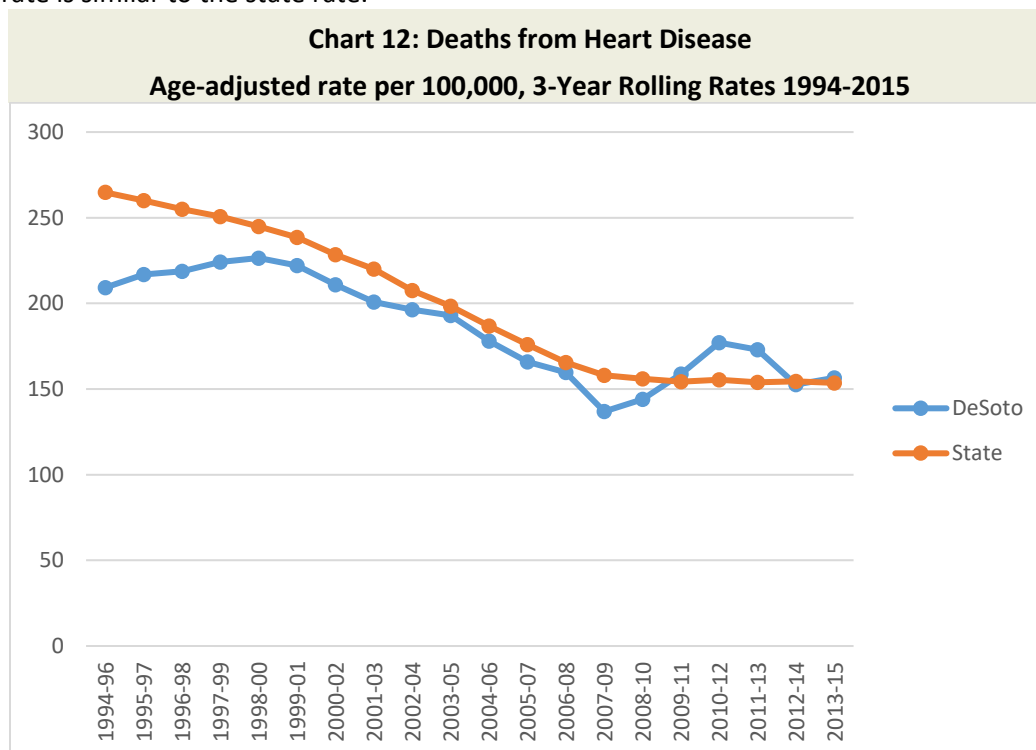
Among the types of cancer, lung cancer causes the highest number of deaths in DeSoto County. The incidence of prostate cancer is actually higher than the incidence of lung cancer, but it is not nearly as deadly.

Table 7: Common Types of Cancer
Death Rate and Incidence, DeSoto County

	3 yr. Age-Adjusted Death Rate, 2013-2015	Avg. Incidence Rate, 2011-2013
Lung Cancer	43.5	
Colorectal Cancer	21.0	30.9
Prostate Cancer	16.7	106.5
Breast Cancer	13.1	81.7
Cervical Cancer	1.2	1.3
Skin Cancer	6.3	13.9

Source: Deaths - Florida Department of Health, Office of Vital Statistics; Incidence - University of Miami (FL) Medical School, Florida Cancer Data System

Heart disease was second most common cause of death for DeSoto County residents in 2015. Chart 10 gives a detailed look at the rate of deaths from coronary heart disease across the last twenty years. The current rate is similar to the state rate.



Source: Florida Department of Health, Bureau of Vital Statistics

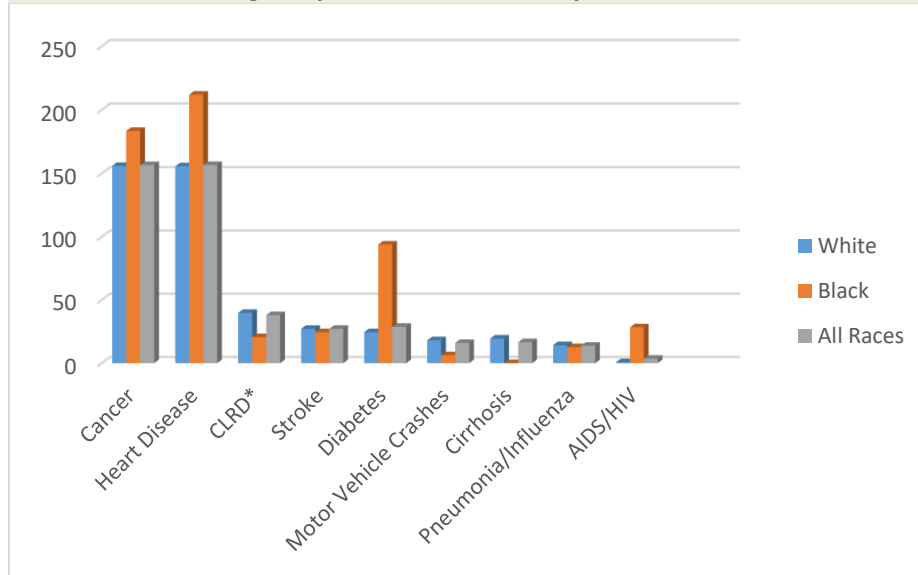
The death rate for blacks in DeSoto County is quite a bit higher than that of whites. For the state of Florida, the death rate for blacks is also higher than the rate for whites. It should be noted for much of the data in Table 8 that the total number of blacks in DeSoto County each year is fairly small and one or two deaths can cause a large variance in some of the categories. Cancer and heart disease are the leading causes of death for both whites and blacks. However, the rate of death from cancer and heart disease is quite a bit higher for blacks than for whites. The disparities for heart disease, diabetes, cancer and HIV/AIDS are significant.

Table 8: Major Causes of Death and Race, DeSoto County and State
3-Year Age-Adjusted Death Rates by Cause, 2013-2015

	County			State		
	White	Black	All Races	White	Black	All Races
Total Deaths	673.9	852.9	678.3	674.1	733.9	680.8
Cancer	155.9	183.4	156.5	157.3	154.0	156.1
Heart Disease	155.6	211.9	156.6	152.0	164.7	153.6
CLRD*	39.8	20.6	38.0	41.9	24.2	39.9
Stroke	27.2	24.5	27.2	32.4	49.7	34.5
Diabetes	24.5	93.8	28.8	17.3	38.5	19.5
Motor Vehicle Crashes	18.1	6.3	16.0	13.3	12.7	12.9
Cirrhosis	19.5	0	16.6	12.9	5.3	11.6
Pneumonia/Influenza	14.3	12.6	13.8	9.3	11.6	9.5
AIDS/HIV	0.8	28.4	3.5	2.1	16.4	4.2

Source: Florida Department of Health, Office of Vital Statistics, *Chronic Lower Respiratory Disease

**Chart 13: Major Causes of Death and Race, DeSoto County
3-Year Age-Adjusted Death Rates by Cause 2013-2015**



Source: Florida Department of Health, Office of Vital Statistics

Florida tracks ethnicity separately from race. The chart below shows the age-adjusted death rate per 100,000 for the major causes of death in DeSoto County for Hispanic people and non-Hispanic people. The numbers shown below are the official state numbers. They show a significantly lower death rate among Hispanic people than among non-Hispanic people. This disparity has been consistent over time. The Assessment group reviewing this data does believe that it must be either inaccurate or incomplete in some way. They are reviewing the process by which the data is gathered to see what could be causing the discrepancy.

**Table 9: Major Causes of Death and Ethnicity, DeSoto County
3-Year Age-Adjusted Death Rates by Cause 2013-2015**

	Non-Hispanic	Hispanic
Heart Diseases	170.8	48.9
Cancer	162.1	78.8
Unintentional Injury	40.9	28.9
Chronic Lower Respiratory Disease	39.7	29.2
Nephritis	16.4	37.8
Diabetes Mellitus	32.8	28.8
Cerebrovascular Diseases	26.7	29.6
Septicemia	6.6	22.5
Suicide	20	6.2
Chronic Liver Disease & Cirrhosis	17.7	8.3
Alzheimer's Disease	7.4	14.2

Source: Florida Department of Health, Office of Vital Statistics

Communicable Diseases

DeSoto County ranks similar to or below the state rate for most sexually transmitted diseases and most vaccine preventable diseases. Note: It is possible that a larger number of individuals are positive for these diseases, but have not been tested. Chlamydia is the most prevalent sexually transmitted disease in DeSoto County with an average of 125 cases per year between 2012 and 2014. That works out to a rate per 100,000 of 361.5 which is lower than the state average of 417.8.

The overall rate of infection from vaccine preventable diseases is very low. For each of these diseases except Pertussis, there is an average of less than one case every three years. Pertussis or whooping cough has an average of one case per year in DeSoto County. An average of 3 people per year were diagnosed with AIDS in DeSoto County between 2012 and 2014. The rate per 100,000 in DeSoto County is 8.7 compared to a rate of 14.8 for the state as a whole. The largest number of cases in the state come from urban areas. The rate of tuberculosis in DeSoto County is 2.9 per 100,000 compared to 3.3 per 100,000 for the state.

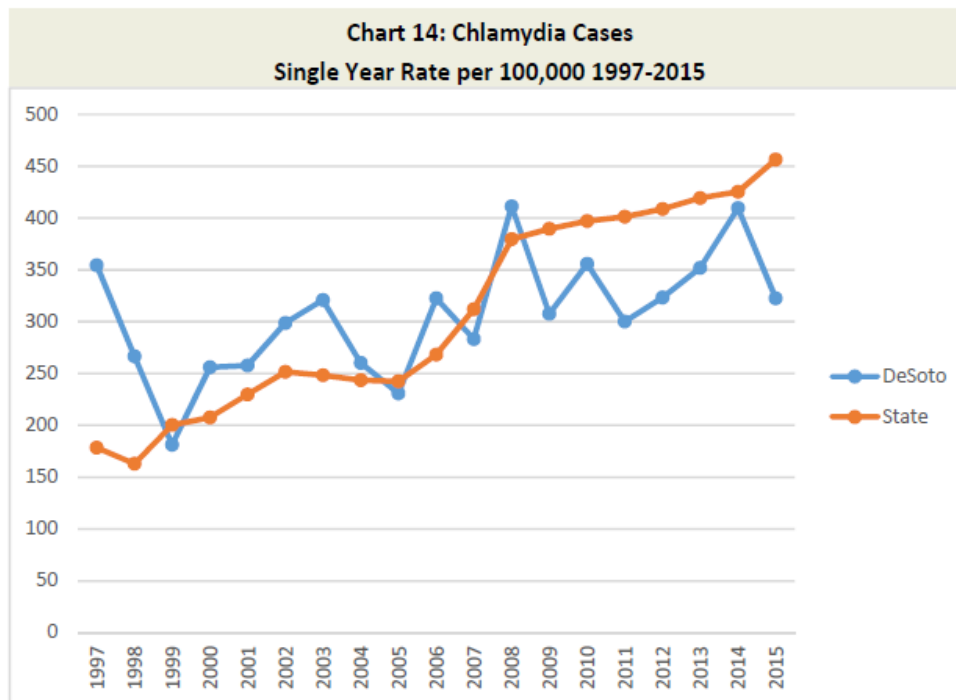
**Table 10: Communicable Diseases
DeSoto County and State 2012-2014**

Disease	# of Cases Annual Avg.	County 3 yr. Rate per 100,000	State 3 yr. Rate per 100,000
Sexually Transmitted Diseases			
Infectious Syphilis	1	2.9	8.0
Gonorrhea	14	39.6	105.7
Chlamydia	125	361.5	417.8
Vaccine Preventable Diseases			
Measles	0.0	0.0	0.0
Mumps	0.0	0.0	0.1
Rubella	0.0	0.0	0.0
Pertussis	1	3.9	3.5
Tetanus	0.0	0.0	0.0
AIDS and Other Diseases			
AIDS	3	8.7	14.8
Meningococcal Meningitis	0.0	0.0	0.0
Hepatitis A	0.3	1.0	0.9
Tuberculosis	1	2.9	3.3

Source: Division of Disease Control, Florida Department of Health

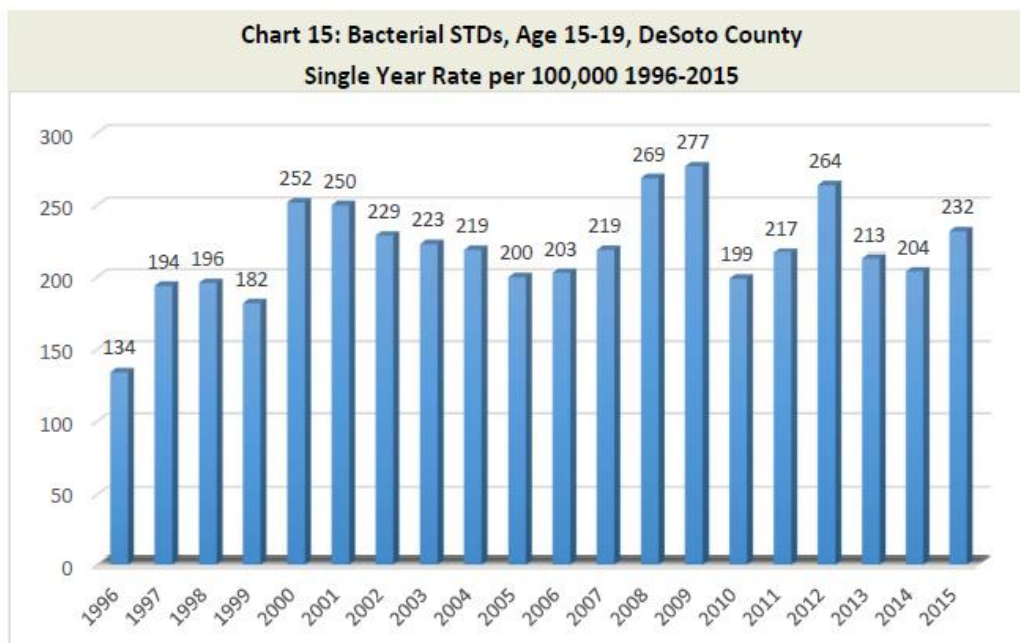
Chlamydia

Chlamydia is the most common of the reported sexually transmitted diseases. Since reporting became required in 1993, the infection rate for chlamydia across the state of Florida has been on the rise. The rates in DeSoto County are lower than the state average. The rates in DeSoto County have shown a lot of variability from year to year.



Source: Florida Department of Health, Bureau of STD Prevention & Control

The rate of diagnosis for bacterial sexually transmitted diseases for teens ages 15-19 in DeSoto County is higher on average than it was in the late 1990s, but has not risen significantly in the last few years.



Source: Florida Department of Health, Bureau of STD Prevention & Control

Maternal and Child Health

On average, 374.3 babies were born per year to DeSoto County residents between 2013 and 2015. The health of the babies, the care they received before birth and the age of the mothers are important factors in determining the state of maternal and child health which in turn is a large factor in the overall health of the county. Babies born to young mothers under the age of 19 are more likely to experience poor birth outcome than those born to adult mothers and are more at risk for developmental complications later in life. More babies are born to mothers between the ages of 15 and 19 in DeSoto County than the Florida average (74.2 per 1,000 DeSoto vs. 60.5 per 1,000 State). There were also more babies born to unwed mothers in DeSoto County than the Florida average (57.7 percent DeSoto vs. 47.1 percent State).

Infant mortality rates are considered a primary indicator of the health of a community. These rates document the deaths of babies between birth and 364 days of life. The leading causes of infant deaths in Florida are perinatal conditions, congenital anomalies, low birth weight and sleep-related deaths. There has been a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics released its recommendation in 1992 that infants be placed down for sleep in a non-prone position. Infant mortality rates in DeSoto County are a little higher than the rates for the state of Florida. However, it should be noted that a small number of cases can cause a large fluctuation in the numbers. There were five infant deaths in DeSoto County in 2015. The percent of infants born with a low birth weight is slightly lower than the state average.

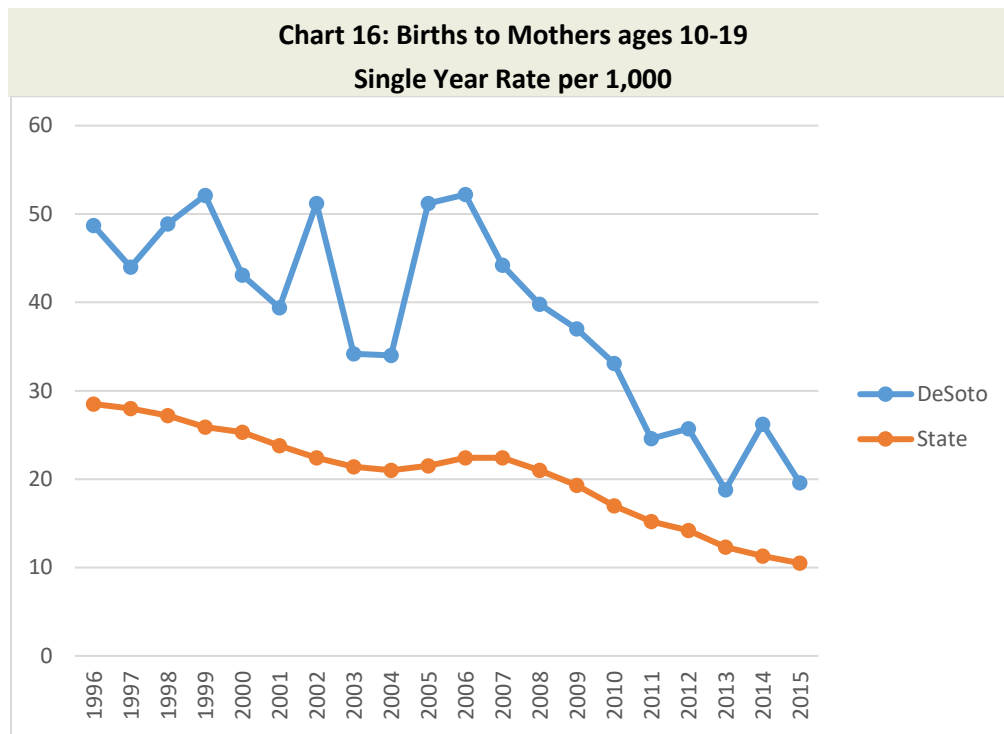
Table 11: Maternal & Child Health Indicators, DeSoto County and State				
3-Year Figures, 2013-2015				
Births	County	State	Trend	Quartile*
Total Births (3-year annual avg.)	10.9	11.2	Steady	3
Births to Mothers ages 15-44, per 1,000	74.2	60.5	Steady	4
Births to Mothers ages 10-14, per 1,000	0.4	0.3	Steady	3
Births to Mothers ages 15-19, per 1,000	43.1	22.0	Positive	4
Percent of Births to Unwed Mothers	57.7	47.9	Steady	4
Infant Deaths				
Infant Deaths (0-364 days) per 1,000 Births	8.0	6.1	Negative	3
Neonatal Deaths (0-27 days) per 1,000 Births	4.5	4.1	Negative	3
Post neonatal Deaths (28-364 days) per 1,000 Births	3.6	2.0	Negative	4
Low Birth Weight				
Percent of Births < 1500 Grams	1.0	1.6	Inconsistent	1
Percent of Births < 2500 Grams	7.2	8.6	Negative	1
Prenatal Care				
Percent of Births with 1st Trimester Prenatal Care	66.7	79.5	Steady	1
Percent of Births with Late or No Prenatal Care	9.4	5.2	Positive	4

Source: Florida Department of Health

*County compared to other Florida counties. The lowest quartile equals the lowest number. That is not always the most desirable rate. For instance, it would be desirable to have a quartile of 4 for percent of births with 1st trimester care; however, it would be desirable to have a quartile of 1 for infant deaths.

Teen Births

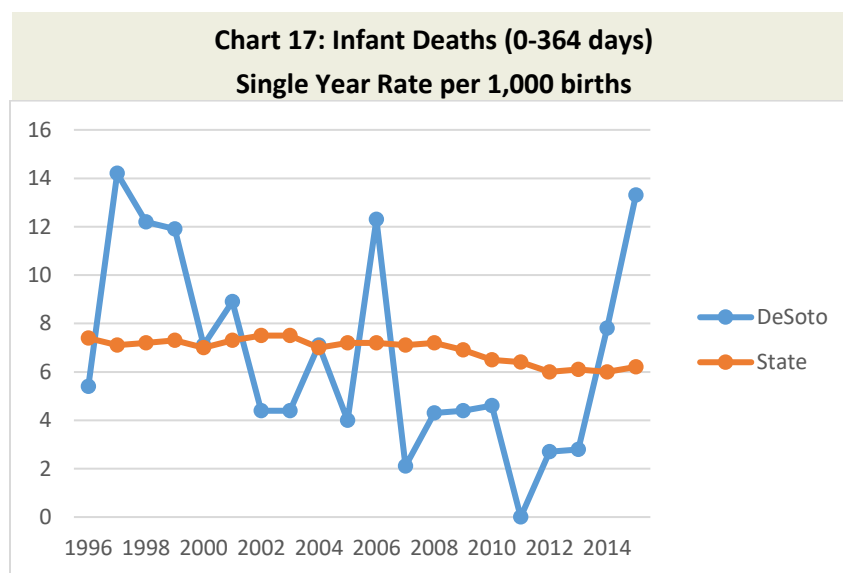
DeSoto County has had consistently higher rates of live births to teenage and pre-teen mothers (ages 10-19) than the rates for the state of Florida. Peaking most recently in 2006 with a rate of 52.2 per 1,000 females in that age range, the rate of teen births has begun to steadily decrease. The rate has shown some variability in the last few years, but is still significantly lower than it once was.



Source: Florida Department of Health, Bureau of Vital Statistics

Infant Deaths

It should be noted for the data in Chart 14 that the total number of births in DeSoto County each year is fairly small and one or two infant deaths can cause a large variance in the death rate. Five infants from DeSoto County died in 2015. It is too soon to determine if there is an overall rise in the rates or if rates will return to lower than the state average.



Source: Florida Department of Health, Bureau of Vital Statistics

Florida tracks race separately from ethnicity. A person self-identifies as Hispanic or non-Hispanic and as White, Black or Other. The vast majority of Hispanic people in DeSoto County also identify as White. The White Hispanic population has tended to have a birth rate that is significantly higher than the White non-

Hispanic or Black non-Hispanic population. That remains true although the birth rate among the White Hispanic population has fallen significantly across the last ten years while the birth rate in the White non-Hispanic population has remained fairly steady. The birth rate among the Black population has also fallen somewhat although not as significantly as among the Hispanic population.

Table 12: Birth Rate by Race and Ethnicity
Single Year Rate per 1,000 births

	Hispanic			Non-Hispanic		
	White	Black	Other	White	Black	Other
2006	25.5			10.8	11.8	10
2007	26.7			9.6	11	6.6
2008	20.4			10.6	14.5	13.7
2009	21.1			10.4	10.4	3.1
2010	19.1			10.2	10.4	6
2011	16.5			8.8	11	15.9
2012	15			8.4	12.9	
2013	15.9		1.9	8.3	8.7	14
2014	13.9		3.8	10.3	9.8	11.6
2015	12.5			10.9	8.8	7.5

Source: Florida Department of Health, Bureau of Vital Statistics

Hospitalizations

The Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care-sensitive conditions." These are conditions

for which good outpatient or preventative care can potentially eliminate the need for hospitalization or for which early intervention can prevent complications or more severe disease. Even though these indicators are based on hospital inpatient data, they provide insight into the community healthcare system or services outside the hospital setting. For instance, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management. Full definitions for each of the PQIs are available in **Appendix F**. The rates of hospitalization in DeSoto County are on the rise for short-term diabetes. Bacterial pneumonia, congestive heart failure and chronic obstructive pulmonary disease are the most common preventable causes for hospitalizations for DeSoto County residents.

Table 13: Prevention Quality Indicators						
Annual Rate per 100,000 2009-2014, DeSoto County						
PQI	2009	2010	2011	2012	2013	2014
01-Diabetes/short-term	37.4	67.9	69.0	112.2	96.3	93.1
03-Diabetes/long-term	101.1	117.0	116.2	90.4	96.3	152.6
05-Chronic obstructive PD	692.4	653.1	522.7	39.8	436.9	350.0
07-Hypertension	175.9	139.7	137.9	112.2	118.5	96.8
08-Congestive HF	524.0	490.7	569.9	502.9	503.5	498.9
10-Dehydration	116.0	166.1	137.9	101.3	3.7	33.5
11-Bacterial pneumonia	340.6	645.5	620.7	531.8	540.5	469.1
12-Urinary infections	288.2	169.9	148.8	141.1	144.4	171.3
13-Angina w/o procedure	52.4	41.5	54.5	43.4	18.5	14.9
14-Uncontrolled diabetes	26.2	34.0	36.3	32.6	29.6	18.6
15-Adult asthma	146.0	211.4	137.9	101.3	107.4	70.7
16-Diabetes/LE amputations	22.5	22.6	18.2	25.3	7.4	52.1

Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System
Includes hospitalizations of DeSoto County residents in any hospital in Florida

The Chronic Condition Indicator tool is another method to look at the health of a community through hospitalizations. This tool stratifies chronic diseases based on ICD-9-CM diagnosis codes. A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests: (a) the condition places limitations on self-care, independent living and social interactions; (b) the condition results in the need for ongoing intervention with medical products, services and special equipment. The

identification of chronic conditions is based on all five-digit ICD-9-CM diagnosis codes, excluding external cause of injury codes (E codes). The data from this tool tells a similar story as the PQI data. Hypertension is the number one cause of hospitalization for a chronic condition, and has remained fairly consistent over the last several years. The hospitalization rates for diabetes and asthma are also fairly consistent.

Table 14: Hospitalizations for Chronic Conditions
Annual Figures, 2009-2014, DeSoto County Residents

Disease	2009	2010	2011	2012	2013	2014
Diabetes	1,050	1,149	1,205	1,099	1,045	1,092
Asthma	245	266	239	231	226	217
Congestive Heart Failure	628	674	674	690	663	568
Hypertension	1,775	2,015	1,943	1,728	1,479	1,626
AIDS	19	22	23	15	3	11
Sickle Cell	14	10	7	2	6	14

Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System
Includes hospitalizations of DeSoto County residents in any hospital in Florida

Emergency Room Visits by DeSoto County Residents

DeSoto County Residents made 14,142 visits to hospitals in 2014 that did not result in an inpatient admission. The vast majority of visits were made to the DeSoto Memorial Hospital, the only hospital in DeSoto County. Hospitals in Charlotte County received the next highest number of visits. Medicaid was the most common payer source for emergency room visits (41.5%), while only 15.7 percent were paid for by private insurance. 18 percent of visits to the emergency room by DeSoto County residents were listed as self-pay.

**Table 15: Emergency Room Visits by DeSoto County Residents by Payer Source
2014**

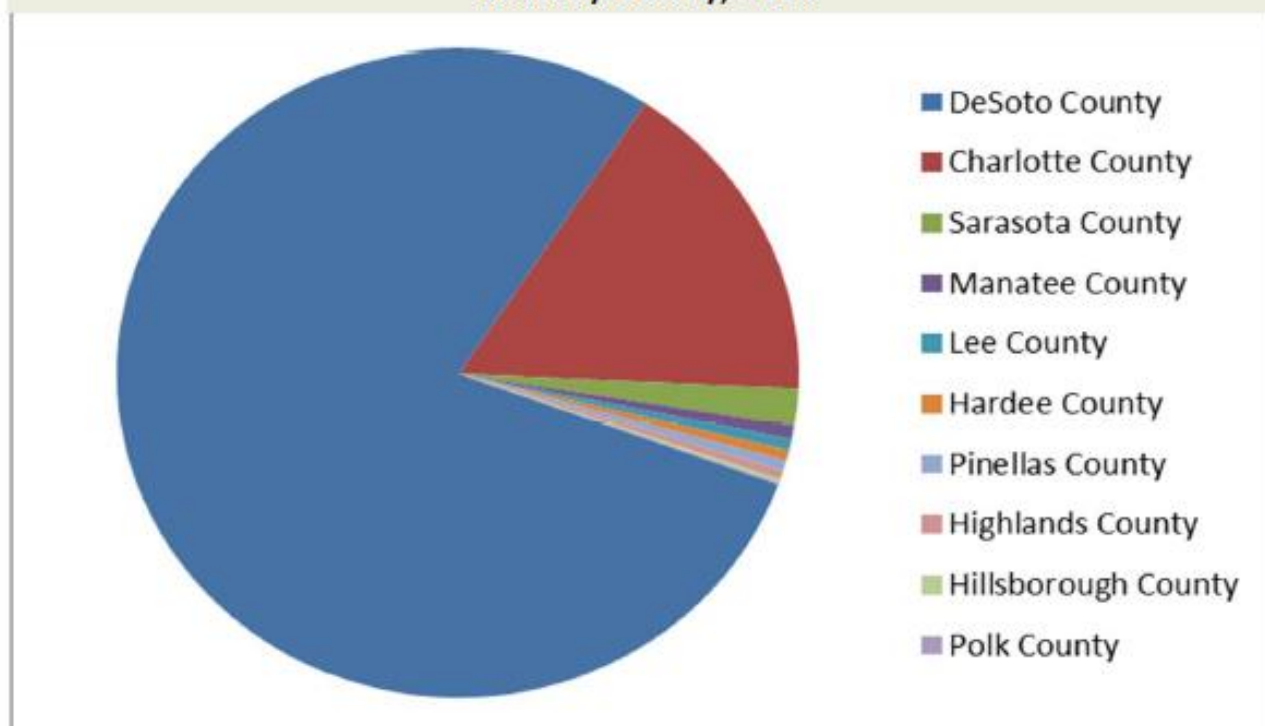
	Medicaid	Medicare	No charge/ Charity	Other	Private, incl. HMO	Self-Pay	Grand Total
Desoto Memorial Hospital	4,836	2,085		364	1,579	2,099	10,963
Peace River Regional Medical Center	332	192		36	192	103	855
Charlotte Regional Medical Center	275	223		27	121	115	761
Fawcett Memorial Hospital	135	271	10	44	139	67	666
Sarasota Memorial Hospital	34	63	2	20	44	39	202
Florida Hospital Wauchula	27	11		8	14	14	74
All Children's Hospital Inc	47	1		3	15	6	72
Lakewood Ranch Medical Center	15	3		10	9	6	43
Manatee Memorial Hospital	22	1	4	6	4	5	42
Doctors Hospital of Sarasota	9	10	3	3	9	6	40
Healthpark Medical Center	19	4		1	3	2	29
Florida Hospital Lake Placid	11	3		1	6	3	24
Southwest Florida Regional Medical Center	6	8		5	4		23
Florida Hospital Heartland Medical Center	8	1		2	5	7	23
Tampa General Hospital	2	3		3	2	7	17
Lee Memorial Hospital	3	5	1	3		2	14
Englewood Community Hospital	2	3		1	3	4	13
Highlands Regional Medical Center	6	1			2	4	13
Blake Medical Center	2	1	1	3	4	1	12
Venice Regional Medical Center	1			2	5	3	11
Cape Coral Hospital	5	1		2	3		11
St Joseph's Hospital	6				5		11
Lakeland Regional Medical Center	3				2	5	10
Grand Total	5,870 41.5%	2,925 20.7%	34 0.2%	553 3.9%	2,215 15.7%	2,545 18.0%	14,142 100%

Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System

The AHCA ED data contains records for all ED visits for which the severity of the visit did not result in an inpatient admission. Includes visits by DeSoto County residents to the ED of any hospital in Florida.

*Only hospitals with at least 10 visits are included in the table above. There are an additional 213 visits divided amongst 87 hospitals that have not been included in the chart, but are included in the total.

Chart 18: Emergency Room Visits by DeSoto County Residents
Visits by County, 2014



Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System

Table 16: Emergency Room Visits by DeSoto County Residents

By Zip Code*, 2014						
	34265	34266	34267	34268	34269	Total
Desoto Memorial Hospital	748	9,757	43	347	68	10,963
Peace River Regional Medical Center	33	539	8	10	265	855
Charlotte Regional Medical Center	42	439	31	20	229	761
Fawcett Memorial Hospital	9	347	22	7	281	666
Sarasota Memorial Hospital	9	161	1	3	28	202
Florida Hospital Wauchula	6	64		3	1	74
All Children's Hospital Inc	4	62		3	3	72
Lakewood Ranch Medical Center	3	36		3	1	43
Manatee Memorial Hospital	1	39		2		42
Doctors Hospital of Sarasota	3	32			5	40
Healthpark Medical Center		24			5	29
Florida Hospital Lake Placid	3	21				24
Florida Hospital Heartland Medical Center	2	21				23
Southwest Florida Regional Medical Center		21			2	23
Tampa General Hospital		14		1	2	17
Lee Memorial Hospital		11		1	2	14
Englewood Community Hospital		9	1		3	13
Highlands Regional Medical Center	2	11				13
Blake Medical Center	1	11				12
Cape Coral Hospital		11				11
St Joseph's Hospital	1	10				11
Venice Regional Medical Center	1	6	1		3	11
Lakeland Regional Medical Center	1	9				10
Lehigh Regional Medical Center	1	7				8
Raulerson Hospital		8				8
	34265	34266	34267	34268	34269	Total
University Community Hospital	2	5		1		8
Naples Community Hospital		6			1	7
Winter Haven Hospital		7				7
Bartow Regional Medical Center		6				6
Brandon Regional Hospital	1	3			2	6
Health Central		5		1		6
Jackson Hospital		4			2	6
Florida Hospital Celebration Health		4			1	5
Hendry Regional Medical Center		5				5
Memorial Regional Hospital		5				5
Morton Plant Hospital		5				5

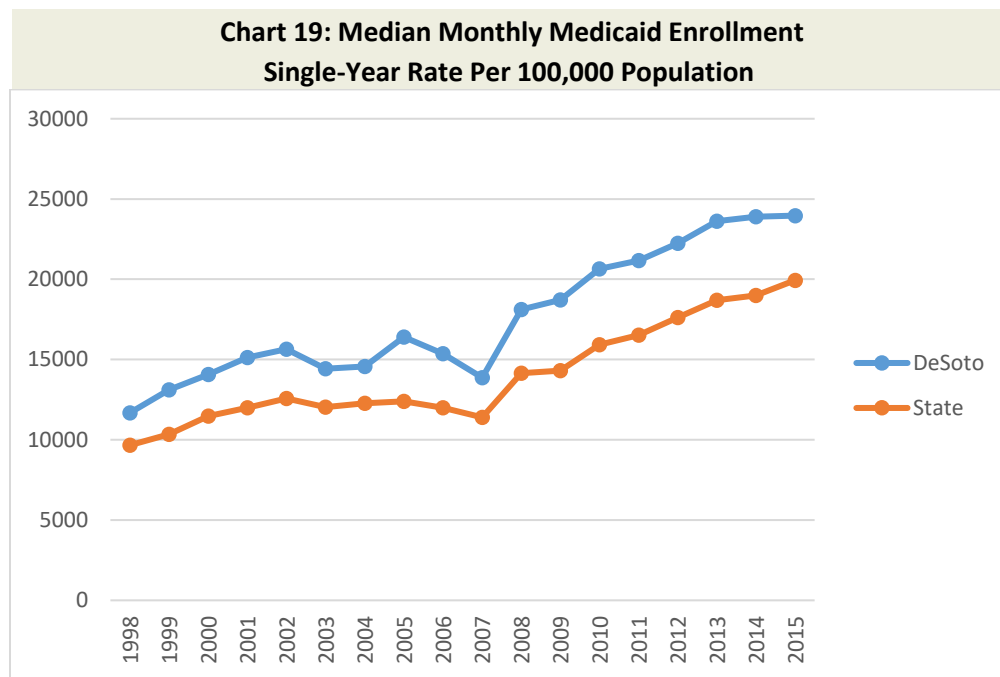
Health Resources

Access to healthcare is the key to achieving a health community and is a primary goal of health policy in Florida. This section will review health coverage of DeSoto County residents including the rate of uninsured residents, licensed providers and facilities, and federal health professional shortage designations.

Medicaid

Medicaid provides medical coverage to low income individuals and families. The state and federal government share the costs of the Medicaid program. Medicaid services in Florida are administered by the Agency for Health Care Administration (AHCA). About half of the recipients are children or adolescents under the age of 21. While children are the largest category of beneficiaries, most of the costs arise from providing services to seniors, especially nursing home care, as well as to people with disabilities who have significant medical costs.

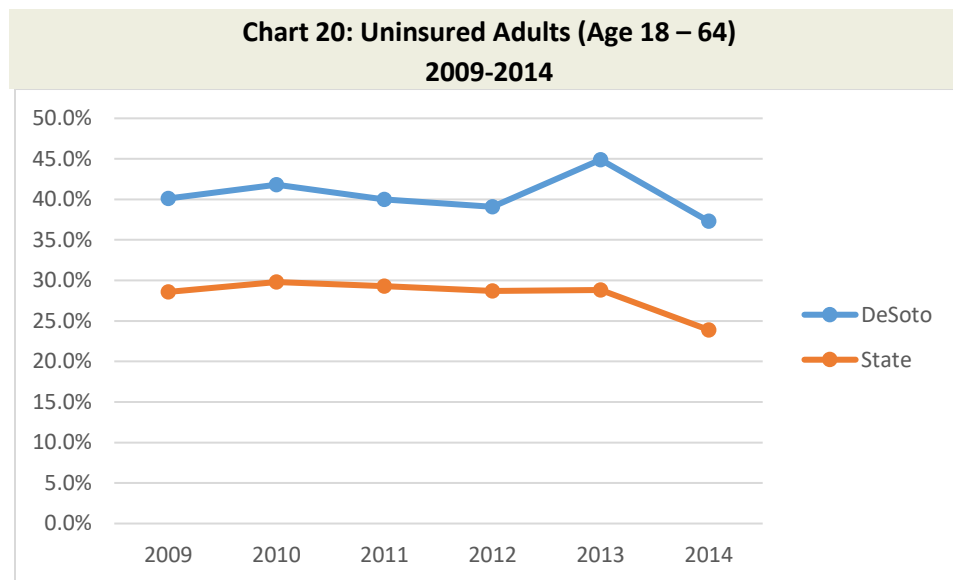
There are four categories of Medicaid eligibility for adults in Florida, which include low-income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria. As of 2015, almost 25,000 out of every 100,000 people, or one quarter of the population, in DeSoto County were enrolled in Medicaid. The rate in DeSoto County is consistently about five percent higher than the state rate. At both the state and the county level rates have been climbing despite a lack of change in the eligibility requirements.



Source: Florida Department of Health, Agency for Health Care Administration

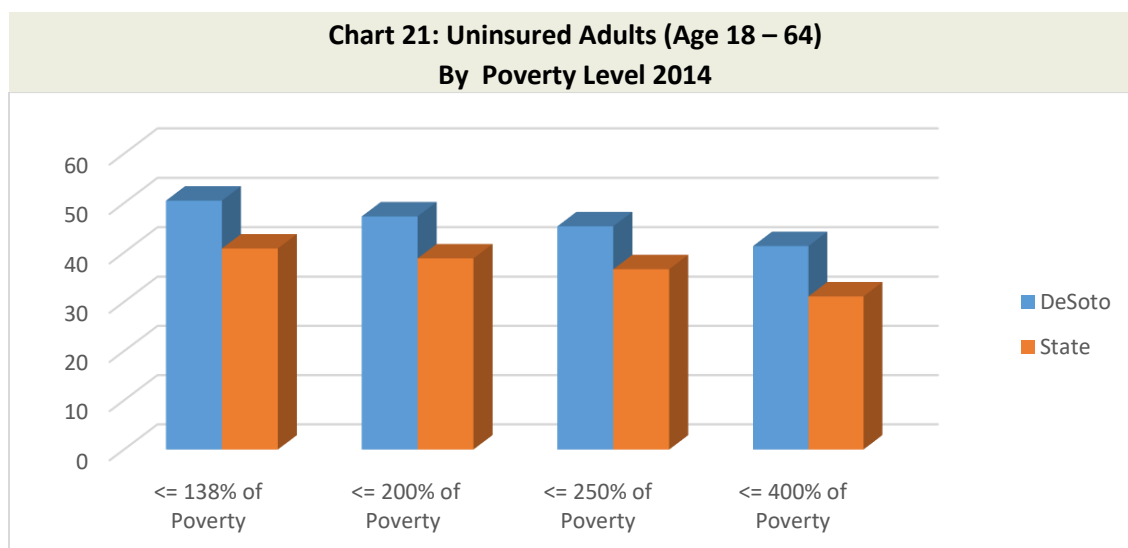
Uninsured

Lack of health insurance coverage is a significant barrier to accessing needed healthcare. The rate of uninsured adults represents the estimated percent of the adult population under age 65 that have no health insurance coverage. People over the age of 65 are eligible for Medicare from the federal government. The Small Area Health Insurance Estimates from the U.S. Census Bureau provide annual estimates of the population without health insurance coverage for all U.S. states and their counties. The most recent year for which reliable county-level estimates are available is 2014. The percentage of uninsured adults in DeSoto County was been consistently higher than that of the state, however DeSoto County showed a sharp decline in the number of uninsured adults age 18-64 in 2014.



Source: The Census Bureau's Small Area Health Insurance Estimates (SAHIE)

The percent of uninsured adults age 18-64 in DeSoto County is about ten percentage points higher among those below 138 percent of the Federal Poverty Level (FPL) than among those at 400 percent of less of the FPL.



Source: The Census Bureau's Small Area Health Insurance Estimates (SAHIE)

Physicians and Facilities

As of 2015, there were seventeen licensed physicians in DeSoto County. That works out to 49.4 doctors for every 100,000 residents; that is a much lower rate than the state average of about 249.0 doctors for every 100,000 residents. The county has a much lower rate per 100,000 than the state for every major category of physician.

The number of DeSoto County Health Department employees per every 100,000 residents is significantly higher than the state average. The DeSoto County Health Department spent \$4,511,899 dollars in 2015; that places the rate of expenditure per 100,000 residents at more than triple the state average. However, it is typical for rural counties to have a significantly higher rate of expenditure than the state average.

**Table 17: Health Resources Availability
DeSoto County and State 2015**

	County			State
Providers*†	Number	Rate per 100,000	Quartile**	Rate per 100,000
Total Licensed Dentists	4	11.6	1	55.31
Total Licensed Physicians	17	49.4	2	249.0
Total Licensed Family Private Practice Physicians	0	0.0	1	14.3
Total Licensed Internists	7	20.3	2	49.6
Total Licensed OB/GYN	1	2.9		9.8
Total Licensed Pediatricians	2	5.8	2	18.0
Facilities				
Total Hospital Beds	49	142.0	2	314.5
Total Acute Care Beds	49	142.0	2	256.3
Total Specialty Beds	0	0.0	1	58.2
Total Nursing Home Beds	118	342.8	2	421.0
County Health Department				
County Health Department Full-Time Employees	61	177.9	4	48.6
County Health Department Expenditures	4,511,899	131.8	4	36.5

Source: Division of Medical Quality Assurance and Office of Planning, Evaluation and Data Analysis, Florida Department of Health; Florida Agency for Health Care Administration

*Data for Providers are for a fiscal year, not a calendar year.

†Number of licensed providers does not necessarily equal the number of practicing providers. These numbers may include providers who work in another county, only work part time, or are retired.

**County compared to other Florida counties. The lowest quartiles equal the lowest number. For resource availability the lowest number is generally considered the worst ranking.

Federal Health Professional Shortage Designations

There are two types of health professional shortage designations: Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas or Populations (MUAs/MUPs). Both designations consider primary care physician-to-population ratios, other high-need indicators (poverty levels, percent of the population that is elderly, infant death rate and rate of low birth weight), and barriers to access care. Designations are required for placement of health professionals under the National Health Service Corps and waiver programs for foreign physicians. Designations are also necessary for the location of community and migrant health centers and rural health clinics, programs that provide health care to underserved populations.

Medically Underserved Areas or Populations (MUAs/MUPs) are a measure of medical under service as defined by the U.S. Department of Health and Human Services. These designations determine the Index

of Medical Under service (IMU) using the following variables: (1) percent of the population below 100 percent of the Federal Poverty Level, (2) percent of the population over age 65, (3) infant mortality rate (5-year average) and (4) population-to-physician ratio.

DeSoto County's Low Income/Migrant Farmworker Populations have been designated as Medically Underserved Populations. Any population with a score of 62 or lower on the Index of Medical Underservice is considered medically underserved. The areas with the lowest numbers are those that are determined to have the most need. DeSoto's Low Income/Migrant Farmworker Populations scored a 48.90.

Health Professional Shortage Areas (HPSAs) are defined in Section 332 of the Public Health Service Act, 42 U.S.C. 254e to include: (1) urban and rural geographic areas, (2) population groups, and (3) facilities with shortages of health professionals. Federal designation as a HPSA documents a shortage of health care providers (primary care, dental or mental health) as well as the existence of barriers to accessing care including lack of public transportation, travel time and distance to the next source of undesignated care and high poverty. A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met:

1. The area is a rational area for the delivery of primary medical care services.
2. One of the following conditions prevails within the area:
 - a. The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.
 - b. The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers.
3. Primary medical care professionals in contiguous areas are over utilized, excessively distant, or inaccessible to the population of the area under consideration.

What a Designation Means

- A geographic designation for the whole county means there is a shortage of providers (primary care physicians, dentists, mental health professionals) for everyone living in the county, regardless of ability to pay for services through insurance or other means.
- A geographic area within the county means there is a shortage of health care providers for everyone living in that area of the county.
- A special population designation for the whole county (or parts of counties) means there is a shortage of providers to meet the needs of low income, migrant or other special populations because the existing providers do not serve these patients.

DeSoto County has been designated as a Health Professional Shortage Area (HPSA) for primary care for the Low Income/Migrant Farmworker population. The HPSA designation scores counties between one and twenty-six, with the higher scores indicating higher levels of need. DeSoto County scored an eleven for primary care for the Low Income/Migrant Farmworker population. DeSoto County also scored a seventeen for dental care for the low income and migrant farmworker population meaning it is designated as a shortage area. DeSoto was also designated as a geographic high needs area for mental health services, scoring a fifteen out of twenty-six (with twenty-six indicating the greatest level of need).

Social and Mental Health

Crime and Domestic Violence

Crime in a community has a direct impact on health, through injuries, fatalities, and increased mental health issues from fear, stress, and anxiety. DeSoto County is in the worst quartile of the state for burglary and domestic violence offenses. It is below the state average for larceny, robbery and motor vehicle theft.

Alcohol-related Motor Vehicle Crashes

While drugs other than alcohol (for example, cocaine or marijuana) are involved in many motor vehicle crashes, alcohol-impaired drivers are involved in about 1 in 3 crash deaths. DeSoto County's most recent rates for alcohol-related motor vehicle crash injuries and deaths are above that of the state for the same period.

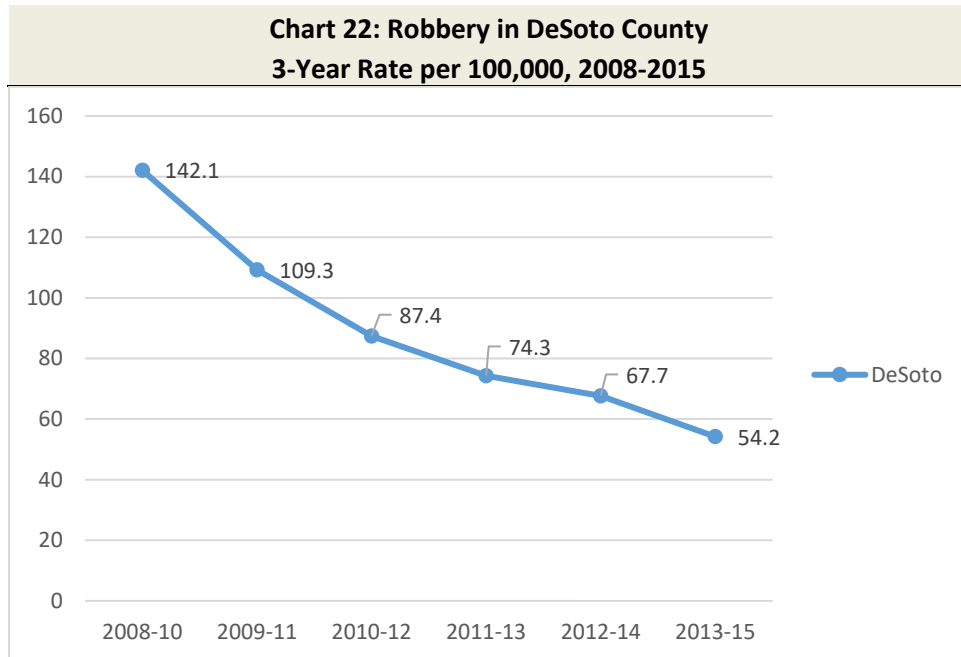
Table 18: DeSoto County Social and Mental Health Indicators
3-Year Rate per 100,000, 2013-2015

Crime and Domestic Violence	County	State	Quartile*
Larceny	1,561.5	2,175.7	3
Burglary	774.9	627.7	4
Total Domestic Violence Offenses	790.4	549.3	4
Aggravated Assault	363.2	306.0	3
Robbery	54.2	112.1	3
Motor Vehicle Theft	97.8	190.0	3
Forcible Sex Offenses	53.3	52.5	3
Murder	3.9	5.1	3
Alcohol-related Motor Vehicle Crashes			
Alcohol-related Motor Vehicle Crash Injuries	67.8	56.2	3
Alcohol-related Motor Vehicle Traffic Crashes	74.6	84.9	2
Alcohol-related Motor Vehicle Crash Deaths	6.8	4.4	3

Sources: FDLE Uniform Crime Report, DHSMV "Traffic Crash Facts", Florida Office of Vital Statistics

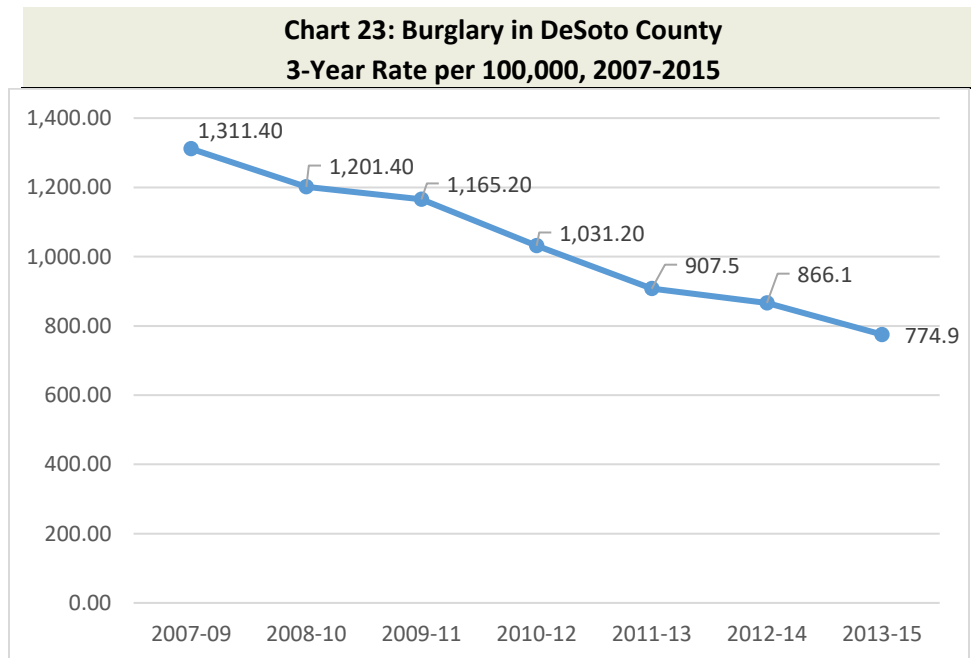
*County compared to other Florida counties. The lowest quartile equals the lowest number.

Some crimes in DeSoto County have shown a strong decline in recent years. For example, robberies in DeSoto County have declined by sixty-one percent (61%) since 2008.



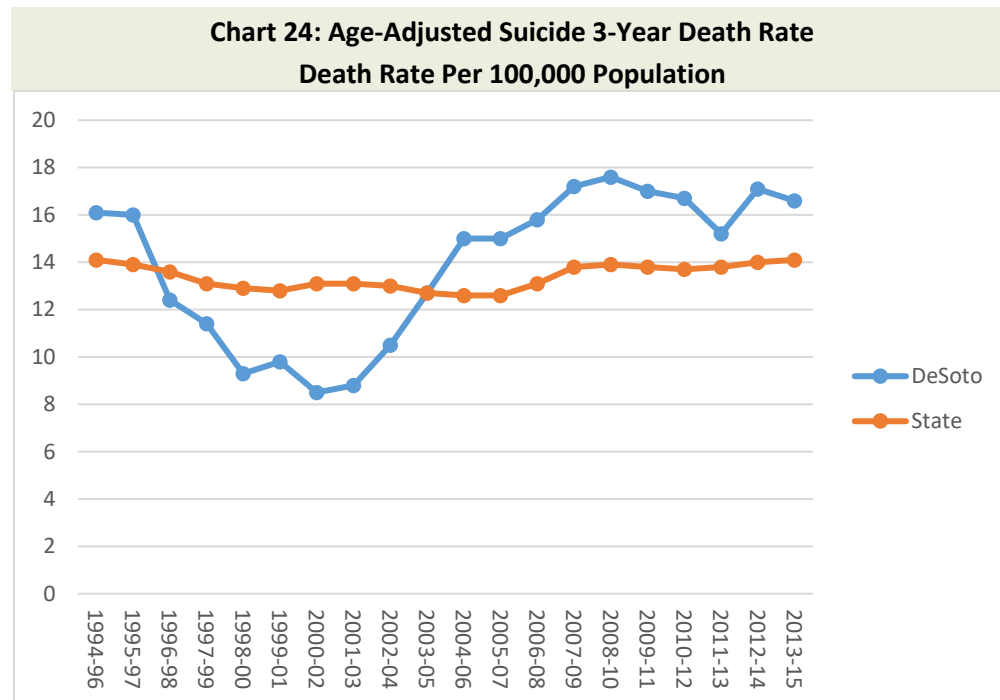
Source: Florida Department of Health, Bureau of Vital Statistics

Similarly, burglaries in DeSoto County have declined by almost forty-one percent (41%) since 2007.



Suicides

Suicides can be considered as a strong indicator of the overall mental health of a community. The most common underlying causes of suicide are depression, anxiety, damaged relationships and loss of employment. Suicide is a major, preventable public health problem. The suicide rate for DeSoto County has been quite variable over the last twenty years. The most recent rate is a little higher than the state average (16.6 for DeSoto County compared to 14.1 for the state). Please note that these rates are based on a small number of cases and a few cases can cause a seemingly large fluctuation. There have been two (2) suicides by people under 18 in the last fifteen years.



Source: Florida Department of Health, Bureau of Vital Statistics.

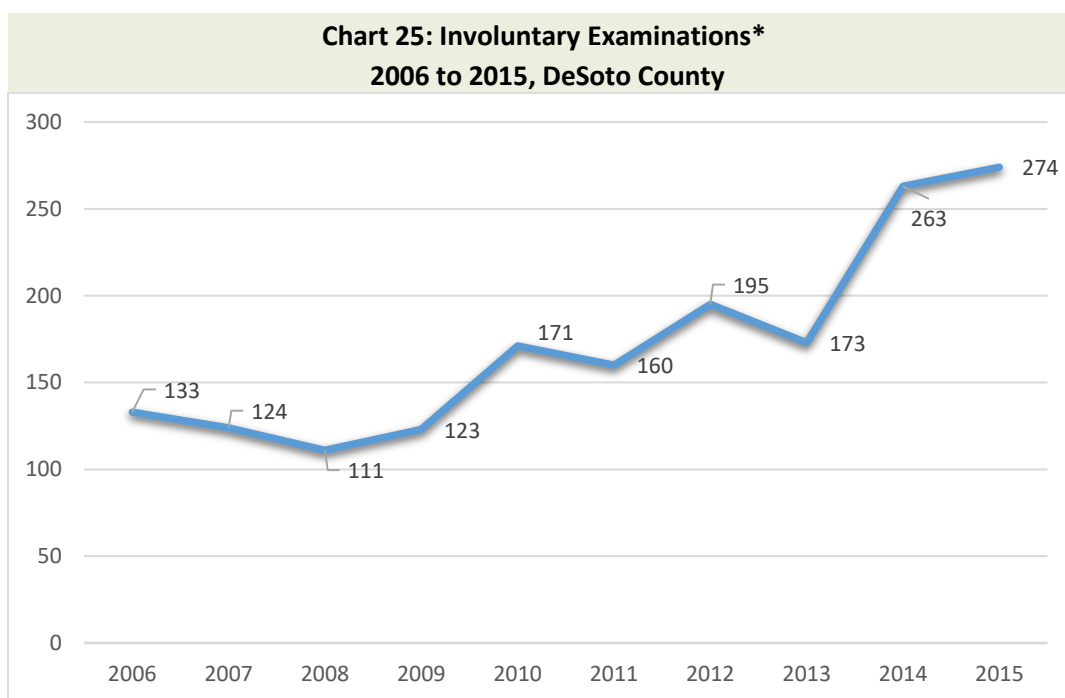
Year	Count	Rate
2005	5	12.1
2006	5	16
2007	7	17
2008	5	14.5
2009	7	20.1
2010	6	17.6
2011	5	12.8
2012	7	19.8
2013	5	12.7
2014	7	18.8
2015	7	18.2

Baker Act

The Florida Mental Health Act of 1971 (commonly known as the "Baker Act") is a statute allowing for involuntary examination of an individual. It was originally enacted, at least in part, because of widespread instances of elder abuse in which one or more family members would have another family member committed in order to gain control over their estate prior to their death. Once committed, it was difficult for many of the patients to obtain representation, and they became warehoused until their death. The Baker Act allows for involuntary examination (what some call emergency or involuntary commitment). It can be initiated by judges, law enforcement officials, physicians or mental health professionals. There must be evidence that the person has a mental illness (as defined in the Baker Act) and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and occur in over 100 facilities statewide.

There are many possible outcomes following examination of the patient. This includes the release of the individual to the community (or other community placement), a petition for involuntary inpatient placement (what some call civil commitment), involuntary outpatient placement (what some call outpatient commitment or assisted treatment orders), or voluntary treatment (if the person is competent to consent to voluntary treatment and consents to voluntary treatment).

There were 274 involuntary examinations in DeSoto County in 2015. This number has been rising in recent years. That is also true across the state although the rise in the past two years is faster in DeSoto than across the state. 55 percent of Baker Act cases in DeSoto were initiated by law enforcement and 44 percent were initiated by mental health professionals.



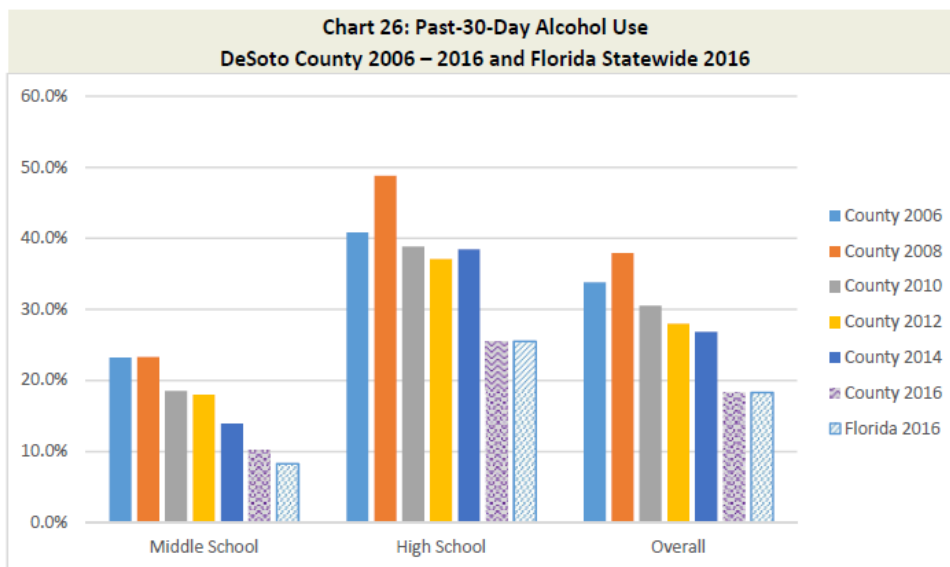
Source: 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014 & 2015 Florida Mental Health Act (The Baker Act) Reports

*Involuntary examination forms for people who never reach a receiving facility are not received by the Baker Act Reporting Center, so are not included in the data.

Florida Youth Substance Abuse Survey

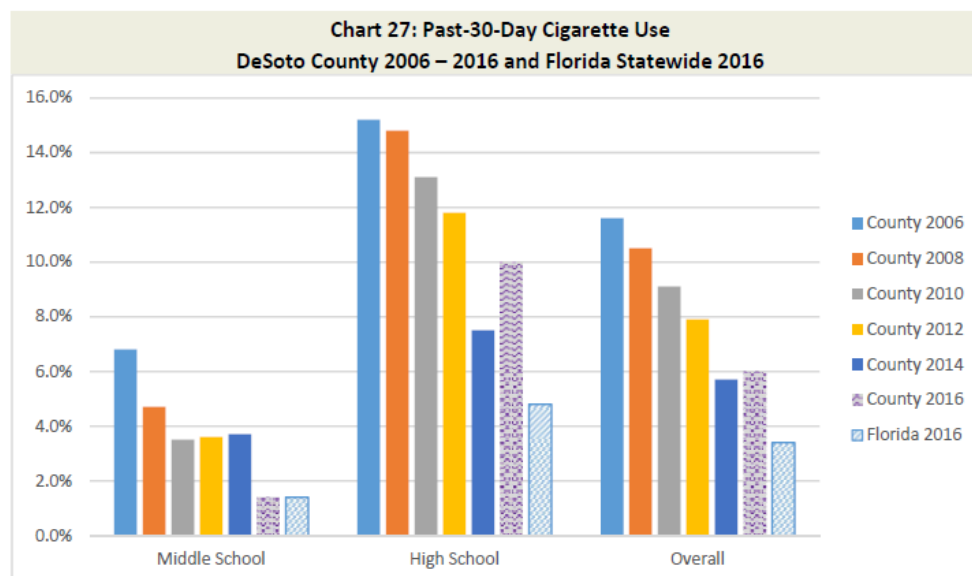
The Florida Youth Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is based on the "Communities That Care" survey, which measures the prevalence and frequency of drug use, the prevalence and frequency of other antisocial behaviors, and the degree to which risk and protective factors exist that can predict alcohol, tobacco, and other drug use, delinquency, gang involvement and other problem behaviors in adolescents.

The FYSAS was administered to students in grades 6 through 12 in February of 2014. In DeSoto County, 646 students completed the survey (317 middle school, 329 high school). Alcohol use in the past 30 days was 26.8 percent for DeSoto County students, which was higher than the state average of 20.5 percent. However, this is lower for DeSoto County than past years, with a high of 37.9 percent in 2008.



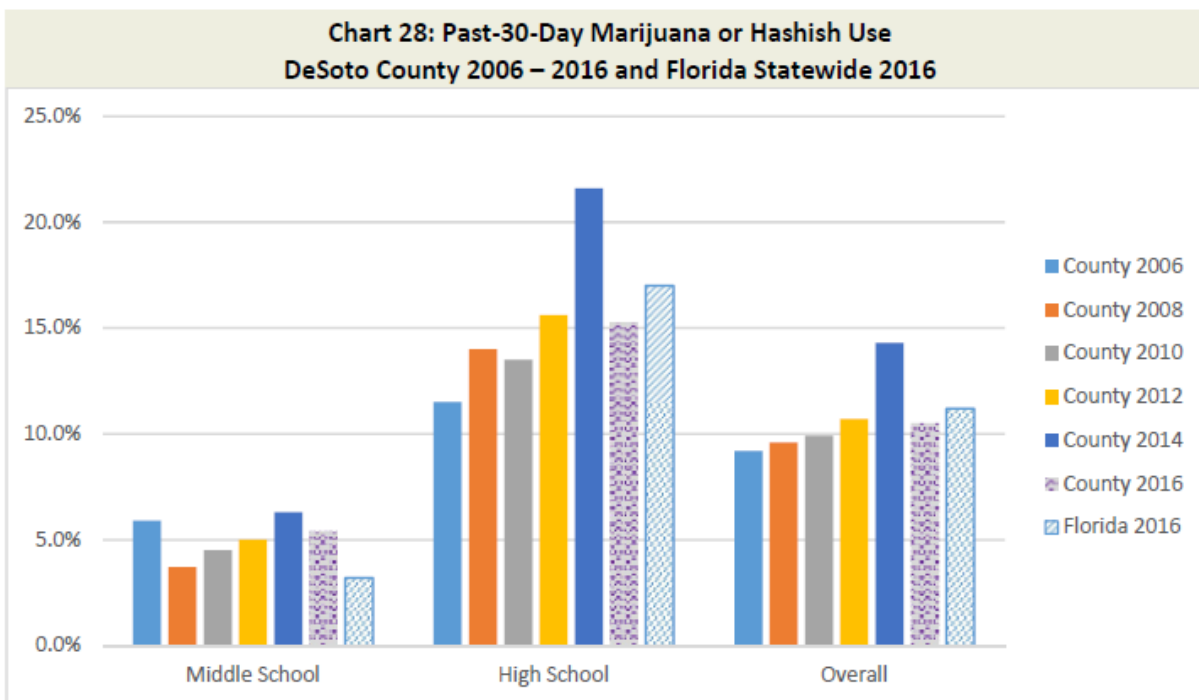
Source: Florida Youth Substance Abuse Survey (2016), Florida Department of Children and Families

The percentage of students reporting cigarette use over the past 30 days was higher in DeSoto County than the Florida average (5.7% DeSoto vs. 4.9% State). However, this rate has dropped significantly across the county.



Source: Florida Youth Substance Abuse Survey (2016), Florida Department of Children and Families

Past-30-day marijuana use for DeSoto County students was slightly higher than for the state as a whole (14.3% DeSoto vs. 12.4% State). Marijuana use has been on the rise in recent years with a big jump seen in high school use in 2014. High school students surveyed were more than three times as likely to have used marijuana as middle school students.



Source: Florida Youth Substance Abuse Survey (2016), Florida Department of Children and Families

Additional details on these charts, as well as data regarding other illicit drugs included in the survey, are available in Table X and Table Y in **Appendix G**.

Behavioral Risk Factor Surveillance Survey

Survey Results

The Centers for Disease Control and Prevention began the Behavioral Risk Factor Surveillance Survey (BRFSS) in the early 1980s in a handful of states. Today, all states participate in the survey. The 2013 Florida BRFSS provides individual counties and the state with a rich data source to estimate the prevalence of personal health behaviors that contribute to mortality and morbidity among adults.

Over 34,000 interviews were completed across Florida in the 2013 calendar year, with a target sample size of 500 completed surveys in each county. The 2013 BRFSS is the fourth time the survey was conducted at county-level. Previous county-level surveys were conducted in 2002, 2007 and 2010. 451 DeSoto County residents completed the survey in 2013. A sampling of significant findings is included in this section along with a comparison with 2010 data and state-level data. Additional data can be found in **Appendix H**.

County Highlights

The BRFSS report for DeSoto County for 2013 highlighted the following areas of strength and challenges for the county based on indicators that were significantly different from the state as a whole.

Strengths

- Low percentage of adults who currently have asthma
- High percentage of adult current smokers who tried to quit smoking at least once in the past year

Challenges

- High percentage of adults who are overweight or obese
- Low percentage of adults who received a flu shot in the past year
- Low percentage of adults with diabetes who ever had diabetes self-management education

Healthy People 2020 Objectives

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People 2020 is managed by the Office of Disease Prevention and Health Promotion within the U.S. Department of Health and Human Services. Below is DeSoto County's data with relation to selected objectives (comparing 2010 Behavioral Risk Factor Surveillance Survey data with 2013 data).

Mission

Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, & local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Overarching Goals

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

**Table 20: Healthy People 2020 Objectives
DeSoto County 2013**

Objective	Measure	2010	2013	Status
AOCBC-2. Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.	Percentage of adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms.	18.5%	19.5%	Needs Improvement
C-15. Increases the proportion of women who receive a cervical cancer screening based on the most recent guidelines.	Percentage of women 18 years of age and older who received a Pap test in the past year.	52.5%	54.9%	Progress Shown
C-16. Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.	Percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years.	48.0%	45.5%	Needs Improvement
C-17. Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.	Percentage of women 40 years of age and older who received a mammogram in the past year.	61.2%	61.0%	Needs Improvement
	Percentage of women 18 years of age and older who had a clinical breast exam in the past year.	59.7%	46.9%	Needs Improvement
D-9. Increase the proportion of adults with diabetes who have at least an annual foot examination.	Percentage of adults with diabetes who had an annual foot exam.	69.5%	68.8%	Needs Improvement
D-10. Increase the proportion of adults with diabetes who have an annual dilated eye examination.	Percentage of adults with diabetes who had an annual eye exam.	74.9%	55.1%	Needs Improvement
Objective	Measure	2010	2013	Status
D-11. Increase the proportion of adults with diabetes who have a glycosylated hemoglobin (A1C) measurement at least twice a year.	Percentage of adults with diabetes who had two A1C tests in the past year.	71.8%	42.6%	Needs Improvement

D-13. Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily.	Percentage of adults with diabetes who self-monitor blood glucose at least once a day on average.	58.0%	62.7%	Progress Shown
D-14. Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.	Percentage of adults with diabetes who ever had diabetes self-management education.	56.1%	22.7%*	Needs Improvement
HDS-5. Reduce the proportion of persons in the population with hypertension.	Percentage of adults with diagnosed hypertension.	34.3%	34.9%	Needs Improvement
HIV-14. Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.	Percentage of adults less than 65 years of age who have ever been tested for HIV.	45.0%	48.0%	Progress Shown
IID-12.7. Increase the percentage of non-institutionalized adults aged 65 years and older who are vaccinated against seasonal influenza.	Percentage of adults age 65 and over who received a flu shot in the past year.	67.5%	20.9%*	Needs Improvement
IID-13. Increase the percentage of adults who are vaccinated against pneumococcal disease.	Percentage of adults who have ever received a pneumonia vaccination.	32.9%	27.3%	Needs Improvement
IID-13.1. Increase the percentage of non-institutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease.	Percentage of adults age 65 and over who have ever received a pneumonia vaccination.	77.4%	61.4%	Needs Improvement
NWS-8. Increase the proportion of adults who are at a healthy weight.	Percentage of adults who have a healthy weight (BMI from 18.5 to 24.9).	30.8%	23.4%	Needs Improvement
NWS-9. Reduce the proportion of adults who are obese.	Percentage of adults who are obese.	33.4%	36.0%	Needs Improvement
SA-14. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.	Percentage of adults who engage in heavy or binge drinking.	14.5%	23.3%	Needs Improvement
TU-4. Increase smoking cessation attempts by adult smokers.	Percentage of adult current smokers who tried to quit smoking at least once in the past year.	65.6%	82.9%	Progress Shown

Source: U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <https://www.healthypeople.gov/2020/topics-objectives>.

Data source: Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

* Indicates that the difference observed between the 2013 county and state measures is statistically significant.

Community Input

Survey on Health and Healthcare in DeSoto County

The Health Planning Council of Southwest Florida, with feedback from the community committee, developed a survey questionnaire to assess the feelings and perceptions of healthcare and health issues for DeSoto County residents. The survey was conducted online and on paper, in both English and Spanish. Surveys were distributed by members of the community committee to those who live and/or work in DeSoto County. Links to the online version of the survey were distributed through flyers and email blasts. The English version of the survey is included in **Appendix B**. 95 surveys were completed on paper and online over a two-month period in 2016. The findings of the surveys were compiled by the Health Planning Council, and are as follows:

When asked, “How would you rate the general health of DeSoto County residents?” 3 percent of survey respondents said Excellent, 15 percent said Good, 63 percent said Fair, and 19 percent said Poor. When asked, “How would you rate the quality of healthcare in DeSoto County?” 4 percent said Excellent, 29 percent said Good, 44 percent said Fair, and 22 percent said Poor.

When asked where residents go to get health information, the majority of respondents noted that they go to friends or relatives (62 responses), or their family doctor or health provider (52 responses). When it comes to where they go to receive healthcare services, 44 said they visit their family doctor. A large number also indicated they go out of county (36 responses) or a local clinic (11 responses).

Where do you think the residents of DeSoto County go to get health information?	
friends or relatives	62
family doctor or health provider	52
Internet	29
Social Media	29
Peace River Shopper	21
newspaper	11
television	10
Health fair	8
Radio	3
Magazines	2
Other*	2
Books	0
* word of mouth, I don't know	

Where do you go to get healthcare?	
family doctor	44
Out of county	36
Clinic (Community Care Family Healthcare)	11
Health Department	10
Twin River (Next to Hospital)	9
Other*	5
Hospital/Emergency Room	4
Catalyst Walk-in Clinic	3
Don't Know	1
*Specialist - Out of Town, to specs out of town, No Health Insurance due to UNAFFORDABLE Obama Care, Veterans Administration, I ignore my health because I can't afford anything.	

Respondents were then asked, “How do you choose your healthcare providers”. Of the choices listed 65 percent said they use recommendations from family and friends. The second choice listed was, whatever is on their insurance, with 49 percent.

How do you choose your healthcare providers?	
Recommendations (Friends/Family)	65.3%
Whatever is on my insurance	49.5%
Other*	11.6%
Soonest Appointment	10.5%
Distance	8.4%
Shop for cost	6.3%
* Their track record, how others are treated both medically and professionally as well as the MD's personality, Recommendations from current doctors, Walk-In Availablitiy, Out of County, DR'S RATINGS	

If you have insurance please rate your satisfaction?	
Completely Satisfied	36.0%
Somewhat Satisfied	30.3%
Somewhat Dissatisfied	13.5%
Neither Satisfied or Dissatisfied	13.5%
Completely Dissatisfied	6.7%

Responders were asked to, “Please describe what might have contributed to your satisfaction or dissatisfaction” These are their unedited responses.

	Cost, what it covers and out of pocket ded.
Selection of Providers	I am dissatisfied because even though we have insurance and pay so much out of pocket they still make us pay. I do not think that some people at the hospital are professional. The managers are not aware of the smell of some of the nurses or people who work in the facility who do dip or smell like smoke or go in with dirty scrubs. It should be more professional and clean. I believe if you want customers you need to be professional and look professional as well. And for the clinics they are very slow when attending clients and are rude. I prefer to go out of town and not deal with it. And most people who work in town end up telling people your health business and word gets around.
Ease of Scheduling and Timeliness of Appointment	
Confidence in Provider Care	
Outcomes	
What is covered, cost/copay, how providers are selected - my choices.	Costs keep going up and coverage is limited
cost	I don't think it is fair that people with insurance end up paying more out of pocket expense than those with no insurance.
Too expensive!	Great network State insurance plan. All my physicians are available on my plan. Relatively affordable.
coverage and rates	the amount of Doctors that take my insurance in Desoto Country
Have had no issues	minus points for prescription costs
what is covered and what is not	Higher cost, less healthcare.
I have-not been dissatisfied	DeSoto County healthcare is a joke, unless you're an illegal. Then you get A+ care. I've witnessed it many, many times. Americans here are treated as third class citizens, especially white people. It's awful the way some are treated in this place.
quick pay	Long wait to see doctor
Decent coverage	Cost versus service

United Healthcare is great	Pretty good coverage at a very low cost thanks to excellent group benefits where we work
Dissatisfied with the \$1,500 cap on my dental insurance coverage.	cost and it's limitations.
High Deductibles.	Because I am not yet 63 years old I can't get Medicaid. I have no insurance. I keep my fingers crossed I don't get sick.
The high deductible	No copay, deductible reasonable
Easy to work with and little if any paperwork	ABLE TO PICK DOCTORS, NOT NEEDING REFERRALS.
No major problems so far	Member of a PPO rather than HMO
Coverage	I have found a few good doctors here locally. And a few not-so-good (i.e., not friendly, can't understand, try something that does not solve the problem and then declare that it's "all in your head").
the time it takes for a specialist to make an appointment	I have a very good, affordable plan through my employer.
Good co-pays & too expensive monthly	I have Medicare and think they should provide more services
high cost-low coverage	Good health plan with prevention included
I have a Medicare-based HMO and am happy with it so far.	The coverage for the providers I like to see.
I am fortunate to have BC/BS of Florida and have never had an issue that was not resolved.	CO PAYS
Good coverage	It is a plan offered by my employer
Not too many choices in this county. No other choice, but to search for medical care far from this county. Many times, feel quite uncomfortable at the doctors' offices. The environment in this field in this county, not friendly at all.	Thankfully I have a decent plan provided through an employer therefore, my deductible is not outrageous. I feel as though I have better coverage than most who buy insurance through the healthcare exchange.
Excellent coverage	friendly staff, quality care, and timely service
Cost too high-deductibles (hard to meet even with health issues), medicines	Cost and benefits or copays
the deductible is high	offers local Desoto county providers for me to choose from
cost of living (my set income)	

Respondents were also asked their opinions on healthcare difficulties for specific populations in DeSoto County. Of the specific population groups listed, those who are uninsured and have low income levels were selected the most (54 responses). Next were elderly/senior citizens (30 responses).

What types of residents of DeSoto County have more difficulty with healthcare than others?	
uninsured/low-income	54
elderly/senior citizens	30
non-English speaking	21
adults	18
children	11
other*	8
Teens/adolescents	5

- *low income, Most low income. Nonworking people have better access to healthcare than working poor who can't afford high insurance prices,*
- *Most low income have Medicaid where working people don't,*
- *ADULTS EATING HABITS & lack of exercise, carried over to their children,*
- *Average person...not low income...the average working person who cannot afford seeking medical care, All residents,*
- *Middle Class cannot afford the Health Ins when not provided by employer. I make decent pay but when my Health Care is \$1,100 for the cheapest plan for myself and husband, how can you afford that, Uninsured whites,*
- *ALL OF THE ABOVE*

With regards to specific areas of the county where residents are thought to have a particularly difficult time accessing healthcare services, 53 respondents said there are none. 26 respondents specified their responses below.

Are there areas/neighborhoods where residents have a particularly difficult time accessing health services?	
no	53
yes*	26

- *roads are terrible*
- *Spanish -speaking and indigent 'pockets'*
- *low income / migrant camps*
- *Low income neighborhoods*
- *areas further from the city that lack transportation to medical facilities*
- *Elderly/Senior Citizens, unable to drive, that have no care giver help and reside in remote locations*
- *most likely migrants with little income & no transportation*
- *Homeless, etc...*
- *Rural areas where there is no transportation available*
- *ALL NEIGHBORHOODS*
- *Remote areas*
- *Mid county: Ft Ogden / Nocatee*
- *Whole county residence.*
- *I don't know the areas well enough to name them.*
- *Outlying communities the poorer areas of town when persons do not have transportation*
- *residents who have no transportation*
- *Rural*
- *outside of city limits, no public transportation unless they arrange Medicaid transport*

The surveys also asked about difficulties in receiving specific types of health services. 14 respondents said, no, there are no services that individuals in DeSoto County have difficulty accessing. Of those who felt there were services that were difficult to access, specialty care was number one, with 42 responses. Next highest on the list were primary care (31 responses) and mental health care (29 responses).

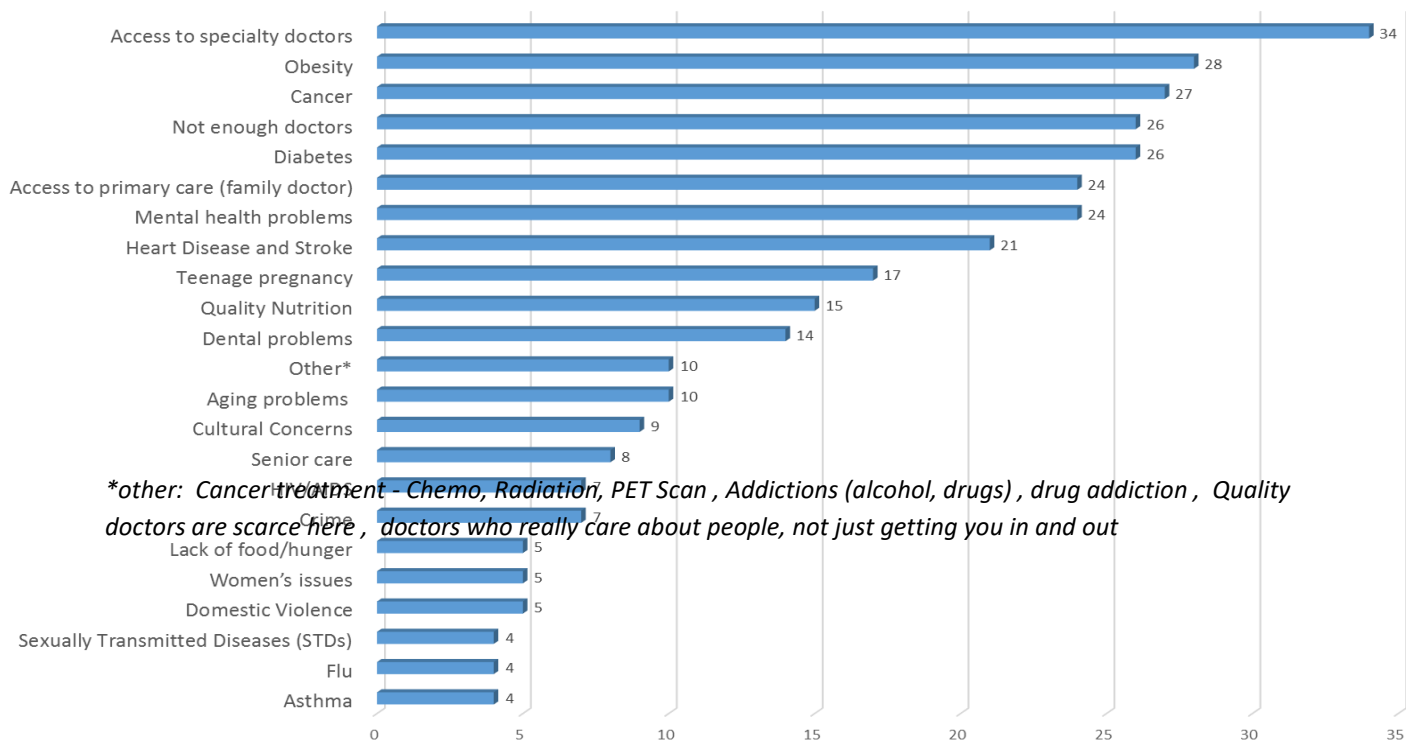
Possible options for improving the health of area residents were given. "Job opportunities" was chosen most by survey respondents, with 42 responses. The next highest options were additional services (43 responses) and specialty doctors (38 responses).

Are there services that individuals in DeSoto County have difficulty accessing?	
no	14
specialty care	42
primary care	31
mental health care	29
dental care (for adults)	25
pediatric care	19
dental care (for children)	16
other*	13
hospital care	9
emergency care	8
Pharmacy/medications	6
* Trauma Center, Cath Lab, Stroke Center - all have to be flown out, Cardiologist specialist, gynecology, Obstetrics, need urgent care so not to have high cost for ER, Prenatal	

What does DeSoto County need to improve the health of your family, friends, and neighbors?	
job opportunities	44
additional health services	43
specialty doctors	38
more doctors	33
substance abuse treatment services	33
health education/wellness programs	29
healthier food choices	26
recreational facilities	26
after-school programs	25
counseling & support	22
safe places to walk/play	22
transportation	21
Other*	10
* An Emergency department that can diagnose correctly, hospital care that doesn't just fly everyone out, Lower health costs, bike paths, a public swimming pool/s, street lighting on rural roads, loose dogs & cats picked up off streets, mosquito control upped, lecturing on obesity, HEALTHY EATING HABITS, DRUG CONTROL! Things that do not require money to take part, Medicaid instead of using hospital emergency room, substance abuse programs that offer residential treatment	

Respondents were asked to select what they felt to be the three most important health concerns for residents of DeSoto County. Access to specialty doctors topped the list, with 34 responses. Second highest on the list was obesity, with 28 responses, followed by cancer (27 responses) and not enough doctors (26 responses).

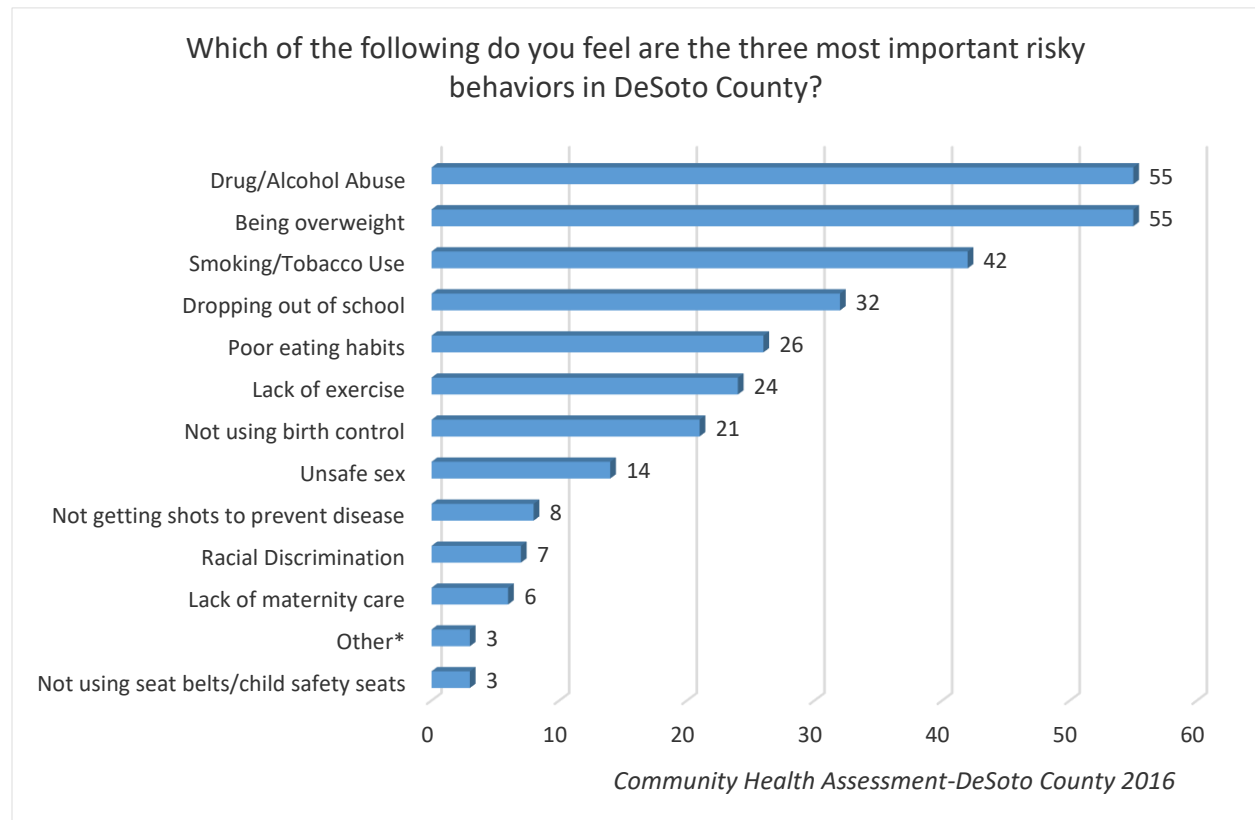
Which of the following do you feel are the three most important health concerns in DeSoto County



**other: Cancer treatment - Chemo, Radiation, PET Scan, Addictions (alcohol, drugs), drug addiction, Quality doctors are scarce here, doctors who really care about people, not just getting you in and out*

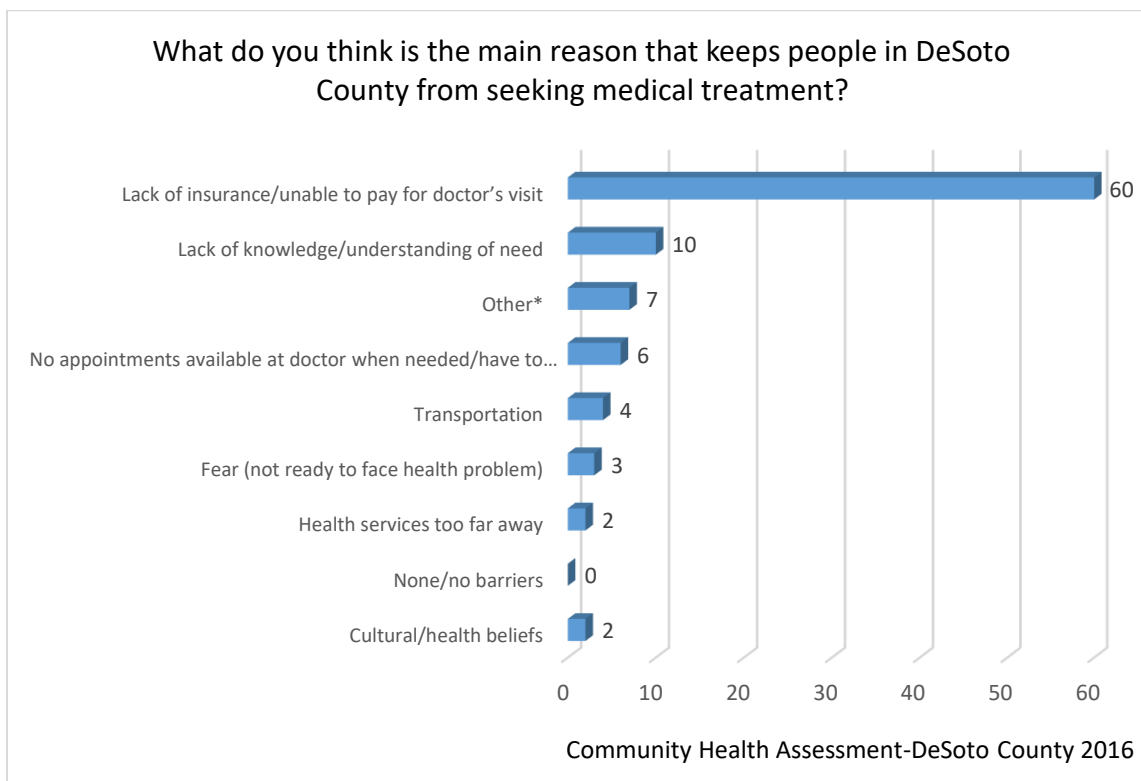
Community Health Assessment-DeSoto County 2016

Respondents were then asked to select the three most important risky behaviors in DeSoto County. Drug and alcohol abuse and being overweight were listed most frequently, each with 55 responses. Other risky behaviors identified included smoking and tobacco use (42 responses), dropping out of school (32 responses), and poor eating habits (26 responses).



**other: low education level, there are more than three risky behaviors, Lack of health insurance*

People sometimes delay receiving treatment for their ailments, which can lead to further problems and/or higher costs. Respondents were asked to designate the main reason that keeps DeSoto County residents from seeking medical treatment. Lack of health insurance and/or lack of ability to pay was cited as the number one reason by far with 60 responses. This was more responses than all of the other options combined. The next most often cited reason was a lack of knowledge or understanding by residents of their health needs (10 responses).



**Other: Ignorance and avoidance – truly, denial of health issue, no informed opinion, the care at the hospital, all of the above, Insurance payments are so high now, that many people, especially age 45-65 can't afford the dr. visits or medicine, Lack of health care professionals*

*Additional comments from survey respondents about health and healthcare in DeSoto County included (please note: all comments are unedited):

Ignorance, avoidance and lack of initiative seem to be the driving forces of the poor health in Desoto County.
We are in trouble.
We need specialty Doctors more than one day a week and more jobs to pay for them
None
Need to replace administrator and board at hospital
All in all, more job opportunities because that creates more income which then goes into the community and they can get insurance to see doctor and eat healthier. Prices of fast food are cheaper than healthy food.
Na
I do not live in DeSoto County - however, I have worked there several years and have many friends there, and am also familiar with hospital personnel so I have some sense of health issues in the county.
I see many health problems due to either not caring or lack of knowledge on poor eating & exercise habits, again passed on to their children, many times especially with women, emphasis is placed on elegant nails & hair dos, with men, smoking & drinking their money away
They are in need of services to help the elderly, homeless and to also make it affordable for the people who do work as well.
I believe that Arcadia is a small town and there needs to be a lot done to improve. First off by starting off with professionalism and making sure when we walk in a clinic that the staff has clean scrubs on! I believe if you come to work dirty and filthy then what do I expect of the facility?
The healthcare in this county is pathetic. I go out of County for my doctors. I don't want to, I have to because the Dr's here are not all that great. There are no spine specialists here for one, or neurosurgeons. The dental care here is absolutely nothing to speak of, especially if you have no insurance and have an emergency. Happened to my husband and my son. Couldn't get them treated because they couldn't afford the Orlando prices. DeSoto stinks for medical care!!!
I think the health department does a great job of outreach to the community.
I see people suffering every day due to dental problems. I myself am one. There is barely enough money for basic necessities let alone dental care and we all know bad oral hygiene can lead to serious health issues.
The governor needs to put the people ahead of his political position and take advantage of Federal Programs available.
I feel that behavioral health counseling should be offered in all primary care clinics
we need a way to let the public know the services that we offer. some of us know of the things available to the public, but the low-income people and people with no transportation or outlet to the media have no way to access or have knowledge to these things that are available!
My comments are based on my observations as a Guardian ad Litem. I get all of my medical treatment
In Charlotte County.

Community Leader Interviews

Introduction

The Health Planning Council of Southwest Florida (HPC) conducted thirteen key informant interviews in 2016. The interviews were conducted to better understand the perspectives of key community leaders on the health and healthcare needs of DeSoto County residents. These interviews were intended to ascertain opinions among key individuals likely to be knowledgeable about the community and who are influential over the opinions of others about health concerns in the county. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in DeSoto County. A summary of community leaders' opinions is reported without judging the veracity of their comments.

Methodology

The DeSoto Community Health Assessment Team compiled a list of possible interview subjects. The list included governmental representatives, healthcare providers, healthcare consumers, and representatives of local businesses and community organizations. HPC staff conducted the interviews in person. The average interview lasted between thirty and sixty minutes. Key leaders were interviewed at the place of their employment or another location of their choosing in DeSoto County in October and November of 2016. The interviewees were told that none of their comments would be directly attributed to them but that a list of all participants would be included in this report. That list is included in **Appendix D**. All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in **Appendix C**. Community leaders were asked to provide comments on the following issues:

- Overall perspective of healthcare in DeSoto County;
- Perception of essential components of the county's healthcare system;
- Opinions of important health issues that affect county residents and the types of services needed to address these issues;
- Impressions of specific health services available in the county;
- Thoughts on helpful services that may be missing from the county; and
- Opinions on the parties responsible for initiating and addressing health issues for the county.

Interview Analysis

The leaders interviewed were asked whether they serve on any boards or have any affiliations with healthcare providers in the community that deliver healthcare services that may have helped form their opinions. These affiliations included the Chamber of Commerce, Drug Free DeSoto, United Way, DeSoto Cares Board Member, DeSoto Consortium, Transportation, Early Learning Coalition, Economic Development Council, Community Foundation, Florida Hospital, Natural Association of City & County Offices, Regional Domestic Security Task Force, and Board of Directors SPARCC.

The length of time that the community leaders have lived and/or worked in DeSoto County ranges from six months to fifty-nine years. The average number of years that an interviewee has lived or worked in DeSoto County is sixteen years. The majority of the leaders reside in DeSoto County. The interview questions for each community leader were identical. The questions have been grouped into seven major categories. A summary of the leaders' responses by each of the categories follows. There is some duplication of subject matter and feedback between the categories. Paraphrases are included to reflect some commonly held opinions and direct quotes are employed when appropriate. This section of the report summarizes what the community leaders said without assessing credibility of their comments.

General Perceptions

When asked to share their impressions about health and healthcare in DeSoto County, community leaders spoke at length about the assets and deficiencies of the system. The majority of the respondents noted that the health of the county was **not good to fairly bad**. A few respondents stated that patient perception of the care within the county is poor and preference is to receive care out of county. Some respondents felt that there is a definite lack of care available to underserved populations, including the poor, the undocumented, and those without health insurance. While limited resources were cited as an obstacle, several respondents felt that **things are improving** and there are more options now than there were in the past.

Many interviewees felt there is a lack of understanding and education about the services and education available within the county. Majority of the respondents stated there is a lack of knowledge on the Affordable Care Act and health insurance options. One leader stated, "Take community and key figures to talk about it to decrease stigmas", as a way to make improvements.

Pressing Healthcare Needs

The community leaders were asked to identify the most pressing healthcare needs in DeSoto County. The most areas mentioned most often were: access to specialty care, diabetes, preventative care and lack of nutrition. The lack of affordable health insurance was also mentioned. Access to primary care, particularly for the uninsured and underinsured was identified as a pressing need as well. **Nutrition** was a prime concern for many of the interviewees, as they feel it is directly related to other issues, such as diabetes, obesity, and hypertension. The need for more **mental health services** was also identified.

Issues Affecting Specific Groups

Community leaders were asked to give their opinion on issues impacting particular groups of DeSoto County residents. Those groups included children, teen/adolescents, adults, the elderly, the uninsured, and seasonal residents. Interviewees mentioned a **lack of education for parents** most frequently when asked about the most important health issue relating to children. Respondents seemed particularly concerned with the lack of **preventative care**, including immunizations. **Dietary issues, obesity and a lack**

of proper nutrition were also cited as issues for children in DeSoto County. There was felt to be a need for more nutrition education for the youth of DeSoto County, which can help prevent other health issues later, particularly diabetes.

Teens and adolescents present a different list of healthcare needs. It was widely noted that there is a problem with **teen pregnancy and STDs**. One leader stated, “Teen pregnancy has improved but remains at a high rate for a long time”. Several of the interviewed leaders stated that there is **too much tobacco, alcohol and drug use** and abuse among teens in DeSoto County. Some leaders also mentioned the concern of body image for female teens as well as mental health issues as concerns.

When it comes to adults, **diabetes and exercise** were the most pressing concerns. **Obesity and nutrition** were listed by several interviewees as major health issues as well. Nutrition education was mentioned as a need in the community. Residents need to know how to stay healthy and avoid obesity and diabetes. The elderly generally have access to care through Medicare and so are typically considered to be in a better situation than many. The number one concern mentioned for the elderly was **transportation** to access services. A lack of day to day, **in-home care** was felt by many respondents, the fear being that seniors might forget to take their regular medications or not have access to nutritious meals. As also mentioned for the adult population, **diabetes** was a concern within the elderly population.

When discussing the uninsured in DeSoto County, the most common healthcare issue was **access to affordable care and insurance options**. It was felt that uninsured consumers often use the emergency room as their primary doctor, which is a burden on the hospitals. The uninsured were also felt to be generally unaware of healthcare options available in DeSoto County, as well as options for obtaining health insurance. Also generally mentioned as pressing health needs of the uninsured were the lack of specialty care, lack of preventative care, diagnostic services, and mental health services. Seasonal Residents were perceived to have access to care but prefer to seek care out of county. Many interviewees were unaware of services available for seasonal resident specifically. Generally mentioned as pressing health needs for seasonal residents were similar to those of the uninsured including COPD, congestive heart failure and hypertension.

Types of Residents with Difficulty Accessing Healthcare

Interviewees were asked about types of residents who have particular difficulty accessing care. The general consensus is that the **unemployed** and those with **low income** have few options for healthcare due to the inability to pay. It was noted by several respondents that many are using the **emergency room as a primary** facility when illness become more serious. One respondent mentioned that the 20-50-year-old age group are not accessing healthcare services due to cost and because they believe they are healthy and do not need care. Other residents mentioned as having difficulty in accessing healthcare we the homeless, non-English speaking residents, the elderly, and children. Some actions mentioned on how to address these issues included; **more education** on changing habits, and addressing healthcare within legislation.

Impressions Regarding Services

The leaders were asked to give their impressions about the availability of different types of healthcare services and any obstacles that residents encounter when attempting to receive those types of services. The overall feeling was that **primary care is available** for the most part, but can be difficult for low/no-income populations to access. While primary doctors are available in DeSoto County, most interviewees

felt that there were **not enough doctors** for the county. **Transportation** was listed as the biggest obstacle to accessing primary care services. Majority of the respondents felt dental care is available. About half the leaders stated that the **available dental services were very good** and there were several local dentists. Others stated that there weren't many dental providers who would accept Medicaid, and that there were **long waits** to get an appointment. The DeSoto County Health Department offers basic dental care, but certain Medicaid/Medicare aren't covered, and it was stated that the wait for appointments is up to one year at times. Nearly all the participants stated that there are specialty care services available in the county but all **providers come from out of county** with only 1 or 2 clinic days. A preference for permanent options was noted (as opposed to just one day a week). Many residents travel to Charlotte County for services such as occupational therapy, physical therapy and neurology.

Mental health care was listed as a need in the county by half of the interviewees. Some respondents noted that Charlotte Behavioral provides very good services but there is always more services needed. The closing of the G. Pierce Wood facility has had a big impact on the community. It is possible that services that are available are not widely known to the community due to denial, fear and stigma associated with mental and behavioral health. One respondent suggested more education is needed starting in the schools on mental health. Majority interviewees felt that there is a **big need for substance abuse services**. Many stated some of the barriers are lack of providers, language barriers and denial of having a problem. There are local Alcoholics Anonymous meetings, but for anything beyond recovery support groups, residents must travel outside the county for substance abuse issues.

The vast majority of leaders believe that the **emergency care at DeSoto Memorial Hospital is good** and adequate for the needs of the county. A few respondents noted long wait times to be seen in the ER, possibly due in part to the large number of residents using the emergency room for non-emergencies. While the care received was generally considered "good," and "excellent," the perception is that only **basic emergency services** are offered, with anything more severe requiring a trip outside the county.

Hospital care in general (non-emergency) was thought by most interviewees to be very good, and **has improved**. Several respondents noted that the quality of the care provided by the doctors on staff has increased noticeably over the years. Lack of staff in both the emergency room as well as the hospital overall was a common critique. Of those with an opinion on it, the area's **hospice care received universally positive reviews**. Most felt the care available is good, and the Tidewell Hospice facility in Arcadia is nice. One interviewee specifically noted that the facility is fully-staffed, and people often come from other counties to use it.

Pediatric care was felt by a few respondents to be good, but **lacking enough providers**. Interviewees noted that there were **no neonatal services available** in DeSoto County. For neonatal care, most go to Peace River Regional Medical Center or Fawcett Memorial in Charlotte County, or Sarasota Memorial Hospital in Sarasota County. This becomes a larger issue for those without transportation, as they are unable to see their babies frequently while they are in care. And for those who do not speak English, it was stated that the language barrier was an extremely difficult obstacle to overcome. As discussed earlier, **specialty care** is the service most often requiring residents to be referred **outside the county**. Specific services mentioned include: specialty cancer treatment, cardiology, mental health, and counseling services. Respondents stated that they most often traveled to Sarasota County and Charlotte County for specialty services.

It is generally believed that the residents of the areas outside of Arcadia often have greater difficulty accessing health services. Particular neighborhoods mentioned as having difficulty accessing services were Brownville, RV Parks and South of 17. **Transportation** is seen as a major barrier to care for all of these areas. While the new addition of the DART transportation service has made a difference in Arcadia, there are still some improvements that can be made. Some suggestions for improving the system were; to add more buses, extend hours and expand routes.

Insurance Impact

Interviewees were asked their opinions on how changes related to insurance and healthcare have had an impact on DeSoto County Residents. Majority of respondents felt the Affordable Care Act has had a great impact on DeSoto County. **Many now have insurance and can seek care.** Some of the difficulties stated it has become **difficult to navigate the system** and many providers have stopped accepting some payer sources. One interviewee stated, "I thought it would have a lot bigger impact". Majority of the leaders believe the **additional tax towards** the hospital has helped to keep it open.

Most Important Health Issue and How to Address It

Specialty care services was listed as a serious need in DeSoto County, specifically, oncology, as well as for mental illnesses. It was felt that educating people about taking care of their bodies, and allow people to take charge of their own health would lead to a healthier lifestyle. About half the respondents would like to see the state and federal governments work together to **bring in additional funds** to allow for more resources (physicians and clinics) in DeSoto County. Others felt it was up to the community and **collaborations** to make these changes. One leader suggested an incentive to attract more providers to the area.

Dissemination Plan

This report will only be beneficial to the residents of DeSoto County if the information it contains is utilized by the DeSoto County Health Department, community leaders, and other community partners. This includes demographic, socioeconomic and health status information as well as input from the community that can be used to identify health priorities as well as available resources. From there, the community can move forward to implement action steps for improvement.

The ultimate impact of this needs assessment rests in the effectiveness of the dissemination strategy. The DeSoto Community Health Improvement Plan Committee (CHIP) considered a wide variety of dissemination methods that would best lead to a plan of action within the community. With utilization as the goal, the committee presents the following plan to begin dissemination of this report.

- Document is available on the Health Planning Council's website:
www.hpcswf.com/health-planning-services/community-health-assessments/
- Document is available on the Department of Health in Desoto County, MCR Health Services, Charlotte Behavioral Health and Desoto Memorial Hospital's websites
- Document will be presented to the DeSoto County Commissioners
- Document will be distributed to the DeSoto County Chamber of Commerce
- A press release will be submitted to The Arcadian newspaper, and other local and regional news organizations.
- Data will be presented to the local Rotary Club, and other local community groups
- Document will be posted on established local community social media sites and distribution lists
- Document will be distributed to the School Board
- Document will be presented at the Hospital Board Meeting
- Document will be distributed to the Economic Development Council
- Document will be presented to the City Council of Arcadia

The CHIP committee will continue to meet to develop an implementation plan. Using the information included in this assessment, they will be able to identify areas where targeted interventions and policy changes may have the greatest impact. Once key strategies have been chosen based on level of impact as well as the community's ability to implement, the health improvement process can begin. From there, steps will be taken to move toward a healthier DeSoto County.

Appendices

Appendix A – Community Committee Members

Mary Kay Burns, Health Officer
Penny Pringle, Asst. Director
Amanda Tyner, Community Programs
Florida Department of Health, DeSoto County

Vincent Sica, CEO
Danyell Blosser, Director of Marketing
Daniel Hogan, CFO
DeSoto Memorial Hospital

Paul Parrish, Pharmacy Manager
Ken Cetin, Physician Assistant
MCR Health Services

Jennifer Ernst, COO
Victoria Scanlon, CEO
Charlotte Behavioral Health

Appendix B – Survey on Health and Healthcare in DeSoto County

Survey on Health and Healthcare in DeSoto County

1. How would you rate the **general health** of DeSoto County residents?
☐ Excellent ☐ Good ☐ Fair ☐ Poor
2. How would you rate the **quality** of healthcare in DeSoto County?
☐ Excellent ☐ Good ☐ Fair ☐ Poor
3. Where do you think the residents of DeSoto County go to get health information?
☐ Newspaper ☐ Friends or relatives
☐ Family doctor or health provider ☐ Radio
☐ Television ☐ Internet
☐ Magazines ☐ Books
☐ Peace River Shopper ☐ Health Fair
☐ Social Media
☐ Other _____
4. Where do you go to get healthcare?
☐ Family Doctor ☐ Clinic (Community Care Family Healthcare Center)
☐ Health Department ☐ Catalyst Walk-in Clinic
☐ Twin Rivers (Next to Hospital) ☐ Out of County
☐ Hospital/Emergency Room ☐ Don't know
☐ Other _____
5. How do you choose your healthcare providers?
☐ Recommendations (Friends/Family) ☐ Soonest Appointment
☐ Shop for cost ☐ Distance
☐ Other: _____ ☐ Whatever is on my insurance
6. If you have insurance please rate your satisfaction?
☐ Completely Dissatisfied ☐ Neither Satisfied or Dissatisfied ☐ Somewhat Satisfied
☐ Somewhat Dissatisfied ☐ Completely Satisfied
7. Please describe what might have contributed to you satisfaction or dissatisfaction:

8. Which of the following do you feel are the three most important **health concerns** in DeSoto County (select three)?
☐ Asthma ☐ Cancer ☐ Crime
☐ Dental problems ☐ Diabetes ☐ Domestic Violence
☐ Flu ☐ Heart Disease and Stroke ☐ HIV/AIDS
☐ Mental health problems ☐ Not enough doctors ☐ Quality Nutrition
☐ Obesity ☐ Senior care ☐ Access to specialty care
☐ Sexually Transmitted ☐ Teenage pregnancy *(doctors who provide care for*

- | | | |
|--|---|--|
| <input type="checkbox"/> Diseases (STDs) | <input type="checkbox"/> Access to primary care | <i>one specific medical issue)</i> |
| <input type="checkbox"/> Women's issues | <i>(family doctor)</i> | <input type="checkbox"/> Cultural Concerns |
| <input type="checkbox"/> Aging problems (such as arthritis, hearing/vision loss, etc.) | | <input type="checkbox"/> Lack of food/hunger |
| <input type="checkbox"/> Other _____ | | |

9. Which of the following do you feel are the three most important **risky behaviors** in DeSoto County (select three)?

- | | |
|---|--|
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not using seat belts/child safety seats |
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Racial Discrimination |
| <input type="checkbox"/> Lack of maternity care | <input type="checkbox"/> Smoking/Tobacco Use |
| <input type="checkbox"/> Not getting shots to prevent disease | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Other _____ | |

10. What do you think is the main reason that keeps people in DeSoto County from seeking medical treatment?

- | | |
|--|---|
| <input type="checkbox"/> Cultural/health beliefs | <input type="checkbox"/> Fear (<i>not ready to face health problem</i>) |
| <input type="checkbox"/> Health services too far away | <input type="checkbox"/> Lack of insurance/unable to pay for |
| <input type="checkbox"/> Lack of knowledge/understanding of need | <input type="checkbox"/> doctor's visit |
| <input type="checkbox"/> No appointments available at doctor when | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> needed/have to wait too long at doctor's office | <input type="checkbox"/> Lack of Quality Services |
| <input type="checkbox"/> None/no barriers | |
| <input type="checkbox"/> Other _____ | |

11. Are there environmental factors affecting your health?

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Air Quality | <input type="checkbox"/> Lack of |
| <input type="checkbox"/> Road conditions | <input type="checkbox"/> Lack of sidewalks | parks/recreational facilities |
| <input type="checkbox"/> Water Pollution | <input type="checkbox"/> Lack of bike paths | |

12. What types of residents of DeSoto County have more difficulty with healthcare than others?

- ☐ Adults
- ☐ Children
- ☐ Elderly/Senior Citizens
- ☐ Non-English Speaking
- ☐ Teens/Adolescents
- ☐ Uninsured/Low-Income
- ☐ Seasonal Resident

☐ Other _____

13. Are there areas/neighborhoods in the county where residents have a particularly difficult time accessing health services?

☐ No

☐ Yes

If yes, which areas/neighborhoods?

14. Are there services that individuals in DeSoto County have difficulty accessing?

☐ No

☐ Yes

If yes, which of the following services have you or someone you know had difficulty accessing (select all that apply)?

☐ Primary care

☐ Dental Care (for adults)

☐ Hospital care

☐ Specialty care (specify under other)

☐ Mental Health care

☐ Emergency Care

☐ Dental Care (for Children)

☐ Pediatric Care

☐ Pharmacy/Medications

☐ Other _____

15. What does DeSoto County need to improve the health of your family, friends, and neighbors?

☐ Additional health services

☐ After-school programs

☐ Counseling & support

☐ Health education/wellness programs

☐ Healthier food choices

☐ Job opportunities

☐ Other (please explain): _____

☐ More doctors

☐ Recreational facilities (parks, sports fields, etc.)

☐ Safe places to walk/play

☐ Specialty doctors

☐ Substance abuse treatment services

☐ Transportation

16. Please share any additional comments you have about healthcare needs in DeSoto County.
- _____
- _____
- _____

What is your Zip Code? _____

Are you a permanent, seasonal, or temporary resident of DeSoto County?

☐ Permanent

☐ Seasonal

☐ Temporary

Age:

☐ Under 18

☐ 18-34

☐ 35-64

☐ 65-84

☐ Over 85

Gender:

☐ Male

☐ Female

☐ Other

Race:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific
Islander

☐ White

☐ Mixed

☐ Other

Appendix C – DeSoto County Key Informant Interview Guide

On behalf of The Florida Department of Health in DeSoto County, DeSoto Memorial Hospital and the MCR Health Services, the Health Planning Council of SW Florida is conducting a county-wide health assessment. The goal of this assessment is to identify the most pressing health needs of residents of DeSoto County including issues like access to health care, barriers to receiving healthcare and the most pressing health issues of residents. As a part of this study, we are conducting a series of interviews with key individuals throughout the county. You have been identified by the project team as a key informant based on your knowledge of the health-related issues for DeSoto County residents. This interview will take approximately 45 minutes (give or take).

If it is okay with you, I will be recording this interview. The tape will only be used by the project team and then will be destroyed. In the final report, the information you give will not be attributed to you by name. You will however be listed as a participant in the study. Some of the questions will be duplicative of material we have already discussed in earlier questions but they may prompt you to think of additional issues. If you feel you do not have a response to a question or have already responded please feel free to pass the question. Are you ready to get started?

1. Could you briefly describe your position and how long you have lived and/or worked in DeSoto County?
2. It is important that we understand any affiliations you have with healthcare providers in the community that may have helped form your opinions about these issues. Do you serve on any boards or participate in any organization that delivers healthcare services? (*Besides the position you've already described*).
3. Please comment on your overall perspective on healthcare in DeSoto County including the services available to meet healthcare needs and the general health of DeSoto County residents.
4. Do you think residents of Desoto County have a good understanding of health issues, benefits and services? Tell me a little bit where there might be difficulties. What can we do to make improvements?
5. What do you think are the most pressing healthcare needs in DeSoto County?
6. Now I am going to name some specific populations in DeSoto County and I would like you to comment about what you think are the most important **health issues** affecting them:
 - a. Children
 - b. Teens/
adolescents
 - c. Adults
 - d. Elderly
 - e. Uninsured
 - f. Seasonal
Residents
7. What types of residents of DeSoto County have more difficulty with healthcare than others? Please describe the difficulties. What actions are necessary to address this issue?
8. Are there essential services you feel are not available in DeSoto County?
9. I am going to name some specific types of services and ask you to share any impressions you have about them, particularly related to quality, accessibility and barriers to receiving these types of services:

- | | | |
|---|----------------------------------|-----------------------|
| a. Primary care (<i>MD, RN, NP</i>) | d. Mental/Behavioral Health care | h. Hospice care |
| b. Dental care (<i>adult, children</i>) | | i. Neonatal/Pediatric |
| c. Specialty care (Urology, Orthopedics, GI, HIV, Oncology) | e. Substance Abuse treatment | |
| | f. Emergency care | |
| | g. Hospital care | |

10. Are there other types of services that individuals in DeSoto County have difficulty accessing?
11. Are there services that individuals in DeSoto County go outside of the county to receive? Why are they leaving the county for these services? Are those services available in DeSoto County?
12. If tele-medicine were available, do you think people would use those services? What do you think barriers would be?
13. Are there areas/neighborhoods in the County where residents have a particularly difficult time accessing services?
14. Do you feel that transportation impacts the ability to access healthcare in DeSoto County? *Has DART improved the situation?*
15. Are there any local policies, procedures or taxes that have had an impact on Healthcare (positive or negative) in Desoto County?
16. In the past few years there have been many changes related to insurance and healthcare. How do you think this has impacted Desoto County?
17. What do you think could be the impact of potential changes in the payer mix moving forward? *Example, Medicaid expansion, change in reimbursement, etc.*
18. Of all the issues and services, we have discussed, which do you think is the most important health care issue for DeSoto County?
19. What actions are necessary to address this issue? Which agencies or individuals should address this issue?
20. What other changes would you like to see in Desoto County to help make the residents healthier?
21. This is the end of our scripted question. Do you have any additional comments you would like to share about health care needs in DeSoto County?

Appendix D – Community Leaders Interviewed

Sister Ann De Nicolo
Catholic Charities

Peggy Waters
Social Services Director, DeSoto County

Vincent Sica
DeSoto Memorial Hospital

Asya Shine
Drug Free DeSoto Coalition

Ken Cetin
MCR Health Services

Jennifer Ernst
Charlotte Behavioral Health

Mary Kay Burns
Penny Pringle
DeSoto Co. Health Dept.

Dr. Sharon Goodman
DeSoto Early Childhood Center

Dayiell Blosser
DeSoto Memorial Hospital

Erin Linhardt
Pathways, Sarasota YMCA

Jodie DeLoach
Youth Tobacco Prevention

Deborah Snyder
DeSoto County School Board Member

Appendix E – County Health Rankings

	DeSoto	Error Margin	Florida	National Benchmark	Rank (of 67)
Health Outcomes					35
Mortality					11
Premature death	6,500	5,600-7,400	6,800	5,200	
Morbidity					55
Poor or fair health	24%	24-25%	18%	12%	
Poor physical health days	4.8	4.6-4.9	3.9	2.9	
Poor mental health days	4.4	4.3-4.5	3.9	2.8	
Low birthweight	7%	6-8%	9%	6%	
Health Factors					61
Health Behaviors					55
Adult smoking	21%	21-22%	18%	14%	
Adult obesity	36%	31-40%	25%	25%	
Food environment index	6.9		7.1	8.3	
Physical inactivity	31%	27-35%	24%	20%	
Access to exercise opportunities	54%		92%	91%	
Excessive drinking	18%	17-18%	17%	12%	
Alcohol-impaired driving deaths	43%	33-52%	29%	14%	
Sexually transmitted infections	348.6		415.1	134.1	
Teen births	61	55-67	34	19	
Clinical Care					65
Uninsured	37%	34-39%	24%	11%	
Primary care physicians	2,660:1		1,390:1	1,040:1	
Dentists	5,000:1		1,820:1	1,340:1	
Mental health providers	2,690:1		690:01:00	370:01:00	
Preventable hospital stays	74	66-83	55	38	
Diabetic monitoring	85%	78-93%	85%	90%	
Mammography screening	63%	54-72%	68%	71%	
Social & Economic Factors					62
High school graduation	62%		75%	93%	
Some college	23%	19-26%	61%	72%	
Unemployment	7.10%		6.30%	3.50%	
Children in poverty	41%	31-51%	24%	13%	
Income inequality	3.9	3.5-4.3	4.7	3.7	
Children in single-parent households	46%	39-54%	38%	21%	
Social associations	9		7.3	22.1	
Violent crime	556		514	59	
Injury deaths	59	47-70	68	51	

	DeSoto	Error Margin	Florida	National Benchmark	Rank (of 67)
Physical Environment					6
Air pollution - particulate matter	10.6		11.4	9.5	
Drinking water violations	Yes			No	
Severe housing problems	20%	16-24%	23%	9%	
Driving alone to work	65%	61-69%	80%	71%	
Long commute - driving alone	29%	24-34%	38%	15%	

Source: County Health Rankings & Roadmaps. Available at <http://www.countyhealthrankings.org>.

*Definitions for each measure are listed below.

**90th percentile, i.e., only 10% are better

†Data should not be compared with prior years due to changes in definition.

Note: Blank values reflect unreliable or missing data.

Appendix F – Definitions

Definitions of Health Measures

Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)

Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)

Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)

Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)

Low birth weight - Percent of live births with low birth weight (<2500 grams)

Adult smoking - Percent of adults that report smoking ≥ 100 cigarettes and currently smoking

Adult obesity - Percent of adults that report a BMI ≥ 30

Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity

Excessive drinking - Binge plus heavy drinking

Motor vehicle crash death rate - Motor vehicle crash deaths per 100,000 population

Sexually transmitted infections - Chlamydia rate per 100,000 population

Teen birth rate - Teen birth rate per 1,000 female population, ages 15-19

Uninsured - Percent of population under age 65 without health insurance

Primary care physicians - Ratio of population to primary care physicians

Dentists - Ratio of population to dentists

Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees

Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening

Mammography screening - Percent of female Medicare enrollees that receive mammography screening

High school graduation - Percent of ninth grade cohort that graduates in 4 years

Some college - Percent of adults aged 25-44 years with some post-secondary education

Unemployment - Percent of population age 16+ unemployed but seeking work

Children in poverty - Percent of children under age 18 in poverty

Inadequate social support - Percent of adults without social/emotional support

Children in single-parent households - Percent of children that live in household headed by single parent

Violent crime rate - Violent crime rate per 100,000 population

Daily fine particulate matter - The average daily measure of fine particulate matter in micrograms per cubic meter (PM_{2.5}) in a county

Drinking water safety - Percentage of population exposed to water exceeding a violation limit during the past year

Access to recreational facilities - Rate of recreational facilities per 100,000 population

Limited access to healthy foods - Percent of population who are low-income and do not live close to a grocery store

Fast food restaurants - Percent of all restaurants that are fast-food establishments

Definitions of Prevention Quality Indicators

PQI-1 (Diabetes short-term complication): All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma).

PQI-3 (Diabetes long-term complication): Discharges age 18 years and older with ICD-9-CM principal diagnosis code for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified).

PQI-5 (Chronic obstructive pulmonary disease): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for COPD.

PQI-7 (Hypertension): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypertension.

PQI-8 (Congestive heart failure): All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for CHF.

PQI-10 (Dehydration): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypovolemia.

PQI-11 (Bacterial pneumonia): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for bacterial pneumonia.

PQI-12 (Urinary tract infection): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of urinary tract infection.

PQI-13 (Angina admission without procedure): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for angina.

PQI-14 (Uncontrolled diabetes): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication.

PQI-15 (Adult asthma): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of asthma.

PQI-16 (Rate of lower-extremity amputation among patients with diabetes): All non-maternal discharges of age 18 years and older with ICD-9-CM procedure code for lower-extremity amputation in any field and diagnosis code of diabetes in any field.

Appendix G – Florida Youth Substance Abuse Survey

	Desoto							Florida Statewide						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
Alcohol	10.2	25.5	17.6	18.9	11.4	24.2	18.3	8.3	25.5	19.9	17.0	9.1	25.2	18.3
Binge Drinking	5.5	16.1	9.4	12.6	6.2	14.9	11.1	3.2	10.9	7.9	7.7	3.4	10.8	7.7
Cigarettes	1.4	10.0	4.2	7.8	1.5	11.3	6.0	1.4	4.8	3.3	3.5	1.5	4.6	3.4
Vaporizer/E-Cigarette	3.4	14.6	7.8	11.0	3.8	14.9	9.3	5.1	12.8	8.4	10.6	5.5	12.9	9.6
Marijuana or Hashish	5.4	15.2	7.3	14.0	5.0	15.3	10.5	3.2	17.0	10.9	11.5	3.9	16.9	11.2
Synthetic Marijuana	--	0.8	1.7	0.0	--	1.1	0.8	--	1.0	0.9	1.2	--	1.1	1.0
Inhalants	1.2	1.4	1.6	1.0	1.1	1.8	1.3	2.2	1.2	1.9	1.4	2.1	1.2	1.6
Flakka	--	1.1	1.7	0.6	--	1.5	1.1	--	0.5	0.4	0.7	--	0.5	0.5
Club Drugs	0.0	0.9	0.6	0.4	0.0	0.7	0.5	0.3	0.8	0.5	0.6	0.3	0.7	0.6
LSD, PCP or Mushrooms	0.5	0.8	0.8	0.6	0.5	1.0	0.7	0.3	1.4	0.7	1.1	0.3	1.4	0.9
Methamphetamine	0.1	0.5	0.7	0.0	0.1	0.7	0.3	0.3	0.4	0.3	0.4	0.3	0.4	0.4
Cocaine or Crack Cocaine	0.2	0.5	0.6	0.2	0.2	0.7	0.4	0.3	0.8	0.6	0.6	0.3	0.8	0.6
Heroin	0.7	0.0	0.0	0.6	0.0	0.8	0.3	0.1	0.2	0.1	0.2	0.1	0.2	0.2
Depressants	0.9	3.4	2.2	2.1	0.8	3.2	2.2	0.8	2.4	2.0	1.5	0.9	2.5	1.8
Prescription Pain Relievers	0.6	1.5	1.5	0.7	0.4	1.7	1.1	1.6	2.0	2.2	1.5	1.6	2.1	1.8
Prescription Amphetamines	0.0	1.8	0.6	1.3	0.0	2.3	0.9	0.5	1.6	1.1	1.2	0.6	1.7	1.2
Steroids (without a doctor's order)	0.0	0.3	0.0	0.3	0.0	0.0	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Over-the-Counter Drugs	1.1	2.1	1.5	1.6	1.0	2.7	1.6	1.8	2.1	2.0	1.9	1.8	2.1	2.0
Any illicit drug	8.8	17.8	10.5	16.4	8.0	17.7	13.5	7.5	20.0	15.1	14.2	8.1	20.0	14.7
Any illicit drug other than	5.1	6.9	4.9	7.1	4.0	7.8	6.1	5.6	7.7	7.3	6.2	5.7	7.7	6.8
Alcohol only	7.0	13.2	11.2	9.1	8.0	12.2	10.3	5.2	13.4	11.1	9.1	5.6	13.3	10.0
Alcohol or any illicit drug	15.3	30.9	21.3	25.4	15.5	29.8	23.5	12.5	32.9	25.8	22.9	13.5	32.9	24.3
Any illicit drug, but no alcohol	5.5	5.7	4.1	6.9	4.6	5.8	5.6	4.5	7.8	6.4	6.3	4.7	8.0	6.4

Note: The first 16 data rows show results for alcohol, cigarettes, and other drugs. The last five data rows show results for various combinations of drugs. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. The symbol "--" indicates that data are not available.

**Past-30-day trend in alcohol, tobacco and other drug use for DeSoto County youth
2008, 2010, 2012, 2014 and 2016**

	2008			2010			2012			2014			2016		
	<i>Middle High School</i>	<i>High School</i>	<i>Total</i>	<i>Middle High School</i>	<i>High School</i>	<i>Total</i>	<i>Middle High School</i>	<i>High School</i>	<i>Total</i>	<i>Middle High School</i>	<i>High School</i>	<i>Total</i>	<i>Middle High School</i>	<i>High School</i>	<i>Total</i>
Alcohol	23.3	48.8	37.9	18.5	39	30.5	18	37.1	28	13.9	38.4	26.8	10.2	25.5	18.3
Binge Drinking	7.1	31.6	21.2	9.1	20	15.7	8.7	17.9	13.5	6.1	17.9	12.3	5.5	16.1	11.1
Cigarettes	4.7	14.8	10.5	3.5	13	9.1	3.6	11.8	7.9	3.7	7.5	5.7	1.4	10	6
Vaporizer/E-Cigarette	--	--	--	--	--	--	--	--	--	--	--	--	3.4	14.6	9.3
Marijuana or Hashish	3.7	14	9.6	4.5	14	9.9	5	15.6	10.7	6.3	21.6	14.3	5.4	15.2	10.5
Synthetic Marijuana	--	--	--	--	--	--	--	6.3	6.3	--	3.4	3.4	--	0.8	0.8
Inhalants	3.4	2.9	3.1	2.8	2	2.3	5.4	1	3	3.4	2.3	2.8	1.2	1.4	1.3
Flakka	--	--	--	--	--	--	--	--	--	--	--	--	--	1.1	1.1
Club Drugs	0	--	0	0.5	0.8	0.7	1.1	0.6	0.9	0.3	2.1	1.3	0	0.9	0.5
LSD, PCP or Mushrooms	0.6	--	0.6	0	1.5	0.9	1.1	0.3	0.7	0.3	1.2	0.8	0.5	0.8	0.7
Methamphetamine	0.6	0.5	0.6	0	0	0	0.6	0.1	0.3	0.5	1.7	1.1	0.1	0.5	0.3
Cocaine or Crack Cocaine	0.6	--	0.6	0.3	0.9	0.7	0.6	1	0.8	0.7	3	1.9	0.2	0.5	0.4
Heroin	0	0	0	0.5	0.2	0.3	0	0	0	0.6	0.8	0.7	0.7	0	0.3
Depressants	0.7	2.1	1.5	1.3	2.8	2.2	0.4	1.6	1.1	0.3	1.6	1	0.9	3.4	2.2
Prescription Pain Relievers	3.1	5.7	4.6	1.6	3.5	2.8	1	3.3	2.2	1.1	3.8	2.5	0.6	1.5	1.1
Prescription Amphetamines	0.7	1.3	1.1	0.3	1.8	1.2	0	1.5	0.8	0	2.3	1.2	0	1.8	0.9
Steroids (without a doctor's order)	0.5	0.6	0.6	0	0.2	0.1	0	0.3	0.2	0	0.2	0.1	0	0.3	0.2
Over-the-Counter Drugs	1.3	--	1.3	1.4	2.6	2.1	1.7	2.5	2.1	2.7	1.7	2.2	1.1	2.1	1.6
Any illicit drug	9.1	18.6	14.6	10.4	18	15.1	10.8	20.6	16	12.1	23.6	18.1	8.8	17.8	13.5
Any illicit drug other than marijuana	7	9.9	8.6	6.5	9.1	8	7.9	8.8	8.4	7.4	8.9	8.2	5.1	6.9	6.1
Alcohol only	18.1	33.6	27.1	13.5	26	20.9	12	21.4	17	9.6	20.6	15.3	7	13.2	10.3
Alcohol or any illicit drug	27.3	51.2	41.1	24	44	35.7	22.9	41.2	32.5	21.7	43.1	32.9	15.3	30.9	23.5
Any illicit drug, but no alcohol	4.4	3.1	3.6	6	5.1	5.5	5.1	4	4.5	8.1	4.8	6.4	5.5	5.7	5.6

Note: The first 18 data rows show results for alcohol, cigarettes, and other drugs. The last five data rows show results for various combinations of drugs. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. The symbol "--" indicates that data are not available.

Appendix H – Detailed BRFSS Results

Behavioral Risk Factor Surveillance Survey

	County 2013 Percent	Quartile	State 2013 Percent	County 2010 Percent
Alcohol Consumption				
Adults who engage in heavy or binge drinking.	23.3% (9.9-36.6)	2	17.6% (16.6-18.6)	14.5% (8.8-20.1)
Arthritis				
Adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms.	19.5% (10.2-28.7)		12.8% (12.1-13.5)	18.5% (13.4-23.5)
Adults who have been told they have some form of arthritis.	31.6% (21.6-41.6)		26.0% (25.1-26.9)	35.7% (29.1-42.2)
Asthma				
Adults who currently have asthma.	4.6%* (2.4-6.7)	4	8.3% (7.6-8.9)	13.2% (8.3-18.0)
Cancer Screening				
Adults 50 years of age and older who received a blood stool test in the past year.	12.8% (7.8-17.9)	4	13.9% (12.8-15.0)	13.8% (8.4-19.2)
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years.	45.5% (35.4-55.6)	4	55.3% (53.7-56.9)	48.0% (38.6-57.2)
Women 18 years of age and older who received a Pap test in the past year.	54.9% (35.0-74.7)	3	51.4% (49.3-53.5)	52.5% (42.1-62.7)
Women 40 years of age and older who received a mammogram in the past year.	61.0% (50.9-71.1)	2	57.5% (55.3-59.6)	61.2% (53.1-69.2)
Cardiovascular Disease				
Adults who have ever had a heart attack, angina, or coronary heart disease.	10.8% (6.7-14.9)	4	10.3% (9.7-10.9)	14.5% (9.9-19.0)
Adults who have ever had a stroke.	3.0% (1.4-4.6)	3	3.7% (3.3-4.1)	4.2% (1.8-6.6)
Cholesterol Awareness				
Adults who have diagnosed high blood cholesterol.	26.0% (17.9-34.1)		33.4% (32.3-34.4)	37.4% (30.5-44.3)
Diabetes				
Adults with diabetes who ever had diabetes self-management education.	22.7* (9.4-35.9)	2	49.6% (46.2-53.0)	56.1% (38.5-73.6)
Adults with diabetes who had an annual eye exam.	55.1% (27.9-82.4)	2	69.7% (66.5-72.9)	74.9% (60.6-89.1)

Adults with diabetes who had an annual foot exam.	68.8% (45.9-91.6)	3	67.6% (64.6-74.5)	69.5% (53.0-86.0)
Adults with diabetes who had two A1C tests in the past year.	42.6% (17.9-67.3)	3	69.3% (65.8-72.9)	71.8% (53.8-89.7)
Adults with diagnosed diabetes.	13.3% (6.7-20.0)	4	11.2% (10.5-11.9)	13.4% (8.7-18.0)
Disability				
Adults who are limited in any way in any activities because of physical, mental, or emotional problems.	27.1% (14.7-39.6)	3	21.2% (20.2-22.1)	27.7% (21.8-33.6)
Adults who use special equipment because of a health problem.	8.2% (5.3-11.2)	2	8.8% (8.2-9.3)	10.4% (6.9-13.9)
Health Care Access & Coverage				
Adults who could not see a doctor at least once in the past year due to cost.	23.7% (12.9-34.6)	3	20.8% (19.7-21.8)	20.9% (14.8-26.9)
Adults who had a medical checkup in the past year.	61.9% (48.9-74.9)	4	69.1% (69.1-71.4)	62.3% (54.6-69.9)
Adults who have a personal doctor.	64.6% (51.3-77.9)	4	73.2% (72.1-74.4)	70.0% (62.0-77.9)
Adults with any type of health care insurance coverage.	67.9% (56.4-79.4)	4	77.1% (76.0-78.2)	67.7% (59.6-75.6)
Health Status & Quality of Life				
Adults who had poor mental health on 14 or more of the past 30 days.	10.2% (5.1-15.4)	4	12.7% (11.9-13.6)	18.3% (12.3-24.3)
Adults who had poor physical health on 14 or more of the past 30 days.	13.1% (6.8-19.4)	4	14.1% (13.3-15.0)	18.5% (13.3-23.6)
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days.	4.3% (2.7-6.0)	4	5.1% (4.8-5.4)	8.4% (6.4-10.3)
HIV Testing				
Percentage of adults who have ever been tested for HIV	48.0% (34.6-61.4)		42.6% (41.4-43.9)	
Hypertension Awareness & Control				
Adults with diagnosed hypertension.	34.9% (25.0-44.8)	2	34.6% (33.5-35.7)	34.3% (27.5-41.1)
Immunization				
Adults age 65 and older who have ever received a pneumonia vaccination.	61.4% (50.4-72.4)	1	66.2% (64.2-68.1)	77.4% (71.2-83.5)
Adults age 65 and older who received a flu shot in the past year.	50.5% (40.1-60.8)	2	54.6% (52.7-56.5)	67.5% (59.4-75.5)

Adults who have ever received a pneumonia vaccination.	27.3% (19.4-35.2)	2	33.1% (32.0-34.3)	32.9% (26.0-39.6)
Adults who received a flu shot in the past year.	20.9* (15.0-26.9)	3	30.7% (29.6-31.8)	33.5% (26.9-40.1)
Injury Prevention				
Adults who "always" or "nearly always" used seat belts when driving or riding in a car.	90.3% (77.6-100.0)	4	94.2% (93.5-94.9)	88.6% (83.5-93.7)
Overweight & Obesity				
Adults who are obese.	36.0% (24.8-47.2)	3	26.4% (25.3-27.4)	33.4% (26.4-40.4)
Adults who are overweight.	39.6% (26.6-52.6)	2	36.4% (35.2-37.6)	35.2% (27.6-42.7)
Adults who are overweight or obese.	75.6%* (64.5-86.6)	3	62.8% (61.6-64.0)	68.6% (61.7-75.4)
Adults who have a healthy weight (BMI from 18.5 to 24.9).	23.4% (12.3-34.4)	3	35.0% (33.-36.1)	14.5% (8.8-20.1)
Tobacco Use & Exposure				
Adult current smokers who tried to quit smoking at least once in the past year.	82.9%* (69.3-96.6)	1	61.1% (58.3-63.9)	18.5% (13.4-23.5)
Adults who are current smokers.	24.8% (11.4-38.1)	4	16.8% (15.9-17.7)	35.7% (29.1-42.2)
Adults who are former smokers.	29.4% (19.9-38.9)	3	28.1% (27.1-29.2)	13.2% (8.3-18.0)
Adults who have never smoked.	45.8% (33.8-57.9)	3	55.0% (53.8-56.2)	13.8% (8.4-19.2)

Data source: Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology. Approximately 500 adults were surveyed in each county in the years 2010 and 2013. Blanks in the quartile column indicate that not enough data was available to compute a quartile. Not all indicators have data for both 2010 and 2013.

Confidence Intervals - Ranges in parentheses below the prevalence estimate represent the 95% confidence interval for the measure.

* Indicates that the difference observed between the 2013 county and state measures is statistically significant.

Appendix I – DeSoto County Guide to Health Services

Emergency Numbers

Police/Fire/Ambulance.....911

Non-Emergency Numbers

DeSoto County Sheriff's Office.....863-993-4700

Arcadia Police Department.....863-993-4660

DeSoto County Clerk of Courts863-993-4876

DeSoto County Fire & Rescue.....863-993-4842

United Way 211 (Information & Referral Service)211

Other Emergency Numbers

Florida Emergency Information Line (active during Florida Disasters)1-800-342-3557

DeSoto County Animal Control.....863-993-4855

National Poison Control Center.....1-800-222-1222

National Domestic Violence Hotline.....1-800-799-7233

National Substance Abuse Helpline.....1-800-662-4357

Nationwide Runaway Hotline.....1-800-786-2929

National Child Abuse Hotline.....1-800-422-4453

Center for Missing & Exploited Children.....1-800-843-5678

DeSoto County Healthcare Services

Hospitals

DeSoto Memorial Hospital

900 N. Roberts Ave., Arcadia, FL, 34266.....863-494-3535

Emergency Department: Yes

Emergency Services: Anesthesia, Colon & Rectal Surgery, Emergency Medicine, Gastroenterology, General Surgery, Gynecology, Hematology, Internal Medicine, Obstetrics, Ophthalmology, Podiatry, Radiology, Urology

Special Designations: Statutory Rural Hospital

Health Department

34 South Baldwin Ave., Arcadia, FL, 34266.....863-993-4601

Services: Administration, Dental Clinic, Environmental Health - Permits and Regulations, and Area 8 Ryan White Part B Lead Agency

1031 East Oak St., Arcadia, FL, 34266.....863-491-7580

Services: Medical Records, Prescription Assistance, Primary Care (Appointments and Walk-Ins, Immunizations, Pediatric Services), Epidemiology/Communicable Disease, Health Education, STD & HIV/AIDS, WIC, Health & Family Planning, Healthy Start, and Vital Statistics

A Limited List of Other Licensed Facilities:

(for more community resources, contact the United Way 211 or go to SWFLResourceLink.com)

Name	Facility Type	Street Address	Street City	Phone
21ST CENTURY ONCOLOGY INC	Health Care Clinic Exemption	920 MILLS NORTH AVE	ARCADIA	(863) 494-1400
AMEDISYS HOME HEALTH	Home Health Agency	223 E OAK ST STE 2	ARCADIA	(863) 993-1038
ARCADIA DIALYSIS CENTER	End-Stage Renal Disease Center	1341 E OAK ST	ARCADIA	(863) 491-8550
ARCADIA OAKS ASSISTED LIVING	Assisted Living Facility	1013 EAST GIBSON STREET	ARCADIA	(863) 993-9760
AT HOME SENIOR ASSISTANCE	Homemaker and Companion Service	12144 SW EGRET CIR UNIT 1403	LAKE SUZY	(941) 916-1320
CENTAL RADIATION THERAPY INSTITUTE	Health Care Clinic Exemption	920 MILLS NORTH AVE	ARCADIA	
COMMUNITY CARE FAMILY CLINIC LLC	Health Care Clinic Exemption	1110 E. GIBSON STREET	ARCADIA	(863) 494-6222
COMMUNITY CARE FAMILY HEALTHCARE CENTER	Clinical Laboratory	1110 E GIBSON ST BLDG A	ARCADIA	(863) 494-1918
DESOTO CARE - NOCATEE	Assisted Living Facility	2605 SW BALDWIN STREET	ARCADIA	(863) 494-2552
DESOTO CARE ALF	Assisted Living Facility	1711 SW COUNTY RD 760A	ARCADIA	(863) 494-2552
DESOTO HEALTH AND REHAB	Nursing Home	475 NURSING HOME DR	ARCADIA	(863) 494-5766
DESOTO MEMORIAL HOME HEALTH CARE AGENCY	Home Health Agency	1006 NORTH MILLS AVE	ARCADIA	(863) 494-8432
DESOTO MEMORIAL HOSPITAL	Hospital	900 N ROBERT AVE	ARCADIA	(863) 494-8402
DESOTO MEMORIAL HOSPITAL CLINICAL LABORATORY	Clinical Laboratory	900 N ROBERT AVE	ARCADIA	(863) 494-8402
DR ROBERT ALFINI	Health Care Clinic Exemption	1301 E. OAK STREET	ARCADIA	(863) 993-3560
GULF COAST FOOT AND ANKLE	Health Care Clinic Exemption	1006 N MILLS AVE	ARCADIA	(863) 993-7731
M & R PERSONAL CARE INC.	Assisted Living Facility	1289 SOUTH HILLSBOROUGH AVENUE	ARCADIA	(863) 494-9300
MANATEE DIAGNOSTIC CENTER ARCADIA	Health Care Clinic Exemption	833 N ROBERT AVE	ARCADIA	(863) 491-9970
ORP REFLEXIONS MEDICAL CENTER CORP	Health Care Clinic Exemption	3912 W 12TH AVE	HIALEAH	(786) 340-8619
PRECIOUS ANGELS HOME CARE INC	Nurse Registry	22 N POLK AVENUE	ARCADIA	(863) 491-8300
RIVERCHASE DERMATOLOGY	Clinical Laboratory	1012 N MILLS AVE	ARCADIA	(863) 494-4090
SIMON CLINIC OF CHIROPRACTIC	Health Care Clinic Exemption	1101 E. GIBSON STREET	ARCADIA	(863) 993-0100

Appendix J – Selected Data Sources

The Florida Department of Health has a large selection of data available on the Internet as a part of their Community Health Assessment Resource Tool Set (CHARTS). That is a good starting point for locating health data for Florida or any of its counties: <http://www.floridacharts.com/charts/default.aspx>

The Florida Office of Vital Statistics releases an annual report with detailed information on population, births and deaths: <http://www.flpublichealth.com/VBOOK/VBOOK.aspx>

The Behavioral Risk Factor Surveillance Reports are available at this site along with special reports on many health-related topics: <http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/reports/2013county/index.html>

The Florida Legislature, Office of Economic and Demographic Research: <http://edr.state.fl.us/>

The Agency for Health Care Administration (AHCA) publishes reports on hospitals, nursing homes and Medicaid: <http://ahca.myflorida.com/publications/Publications.shtml>

The Florida Mental Health Act (Baker Act) reports are available on the Internet: <http://bakeract.fmhi.usf.edu/>

The Department of Health provides information on individual doctors including their license status at this site: <http://ww2.doh.state.fl.us/IRM00profiling/searchform.asp>

Florida Health Finder has helpful information on healthcare facilities and providers: <http://www.floridahealthfinder.gov/>

DeSoto County Department of Health: <http://desoto.floridahealth.gov/>

Health Planning Council of Southwest Florida, Inc.: <http://www.hpcswf.com>

U.S. Department of Health & Human Services, Office of Disease Prevention & Health Promotion, Healthy People 2020: <https://www.healthypeople.gov/2020/topics-objectives>

Florida Youth Substance Abuse Survey (FYSAS): <http://www.dcf.state.fl.us/mentalhealth/publications/fysas>

Community Health Survey Results

What is your definition of a healthy community?

- All people have equitable access to appropriate services, understand the impact of Adverse Childhood Experiences, and are treated with dignity.
- Free community health screens, and more outreach.
- Access to affordable housing, food, medical care and safe routes.
- A community that can recognize health issues and have a place or a person available to discuss the issues with. Knowing is a great prevention plan.
- A community that has the necessary resources to provide its residents with the basic health care and health education.

Community Health Survey Results

What is your definition of a healthy community?

- Continued resources available at home/work that provide access for a better life to include healthy eating, environment, and health care.
- A community that continues to provide methods/options to improve health.
- Individuals in the community have the knowledge and access to resources to choose healthy choices leading to more productive and satisfying days.
- A community that is striving to provide the best opportunities that enables people in the community to mutually support each other in performing all functions of life and in developing to their maximum potential.

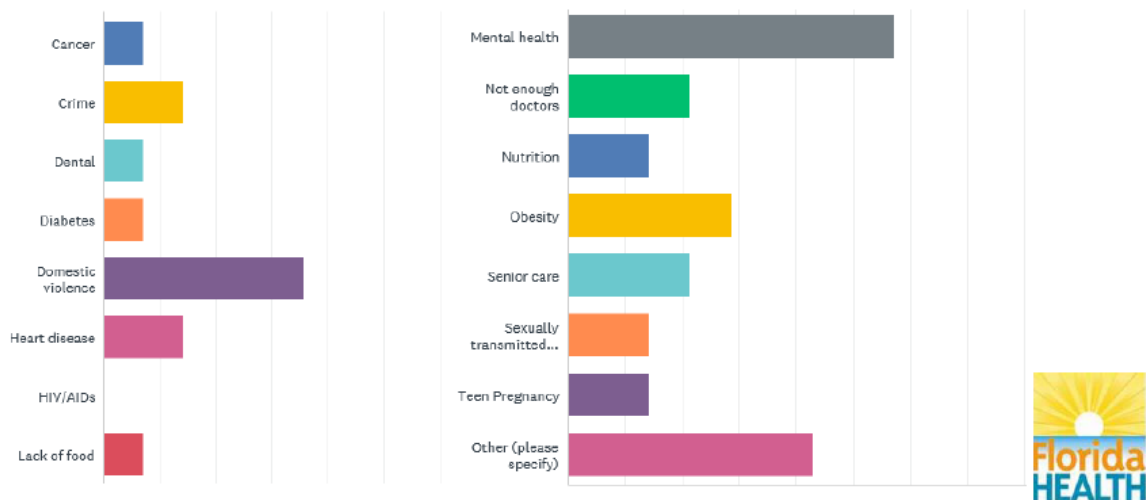
Community Health Survey Results

What is your definition of a healthy community?

- A community free of violence where members are able to live safe and meet their basic needs (housing, food, health care).
- High graduation rate, low suicide rate, low felony rate, high health births.
- One that works together to educate and implement healthy lifestyles, while addressing health concerns appropriately and thoroughly for healing.
- A healthy community offers a healthy economy, infrastructure, transportation, affordable health care, and housing. It offers a well rounded education system and youth to interaction outside of school.

Community Health Survey Results

What do you think are the three most important health concerns in DeSoto County?



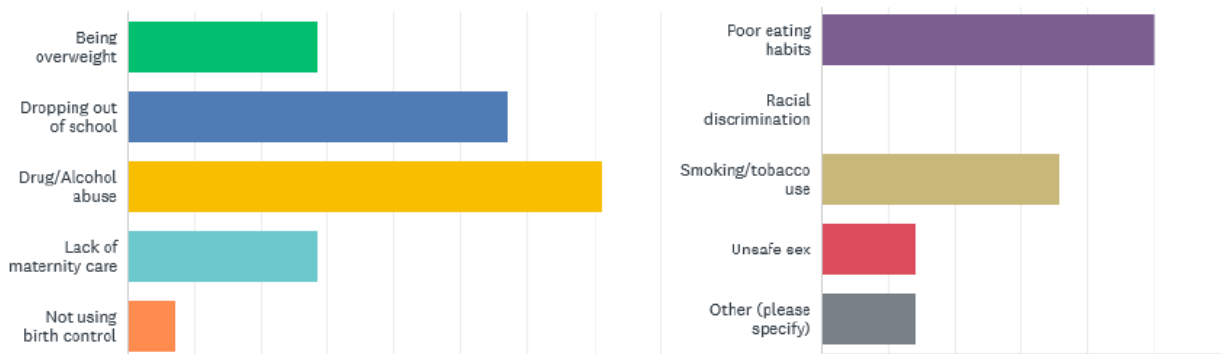
Community Health Survey Results

What do you think are the 3 most important health concerns in DeSoto County?

- Top 3: Mental Health, Domestic violence, and Obesity
- Other responses included: limited access to OBGYN, Drugs, Low literacy, Education, and Repeat births

Community Health Survey Results

What do you think are the three most important risky behaviors in DeSoto County?



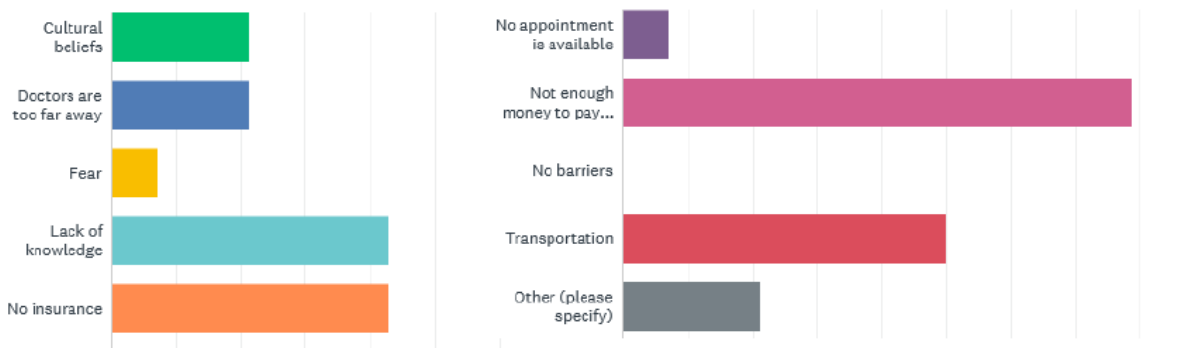
Community Health Survey Results

What do you think are the 3 most important risky behaviors in DeSoto County?

- Top 3: Drug/Alcohol abuse, Dropping out of school, and Poor eating habits
- Other responses included: Medically underserved and victim blaming

Community Health Survey Results

What do you think are the 3 main reasons that keeps someone in DeSoto County from going to the doctor?



Community Health Survey Results

What do you think are the 3 main reasons that keeps someone in DeSoto County from going to the doctor?

- Top 3: Not enough money to pay for appointment, Transportation, No insurance & Lack of knowledge
- Other responses included: Lack of education, economic impact of missing work, failure to recognize health concerns



Community Health Survey Results

As a community, what do you think are our strengths?

- * Tight knit community
- * Community Cares
- * Community Partnerships
- * Low FMV for housing
- * Dental program in schools
- * Health Department
- * Free Transportation
- * Hospital
- * Number of providers
- * Access to specialists
- * Communication
- * Community parks
- * Food Banks
- * Stakeholder involvement
- * Charitable Community
- * Job opportunities

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Community Health Survey Results

As a community, what do you think are our weaknesses?

- * Lack of available services
- * Education system
- * Low paying jobs
- * Drop-out rates
- * Incarceration
- * Lack of knowledge about services available
- * Lack of FT specialty care
- * Medicaid Managed Care
- * Lack of Mental Health services
- * Housing
- * 3rd grade reading levels
- * Fitness
- * Funding opportunities
- * No trauma center

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Community Health Survey Results

As a community, what do you think are our opportunities?

- * Innovative ideas
- * Increase worker salaries
- * Reinvest school dollars into early education
- * Increase knowledge of local services
- * Succession planning
- * Economic development
- * Expand public transportation
- * Telehealth
- * Expand children programs
- * Improve Community Partnerships
- * Expand educational opportunities

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Community Health Survey Results

As a community, what do you think are our threats?

- * Funding opportunities
- * Drop-out rates
- * Single Parent Families
- * Prejudices
- * Lack of knowledge
- * Low socioeconomic status
- * Better roads
- * Housing
- * Aging physician population
- * Gaps in medical care

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